

L15000014576

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Andrew Dunstan
Account Name : FOLEY & LARDNER OF TAMPA
Account Number : 071344001620
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RECEIVED
15 JAN 26 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Grace Harbor Health, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the limited liability company is: **Grace Harbor Health, LLC**

ARTICLE II – Address of Principal Office:

The street address of the principal office of the limited liability company is: 1325 Snell Isle Blvd. NE, Unit 306, St. Petersburg, FL 33704

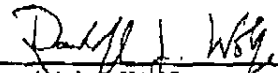
ARTICLE III – Mailing Address of Limited Liability Company:

The mailing address of the limited liability company is: 1325 Snell Isle Blvd. NE, Unit 306, St. Petersburg, FL 33704

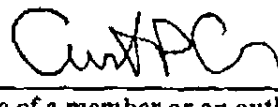
ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature:

The mailing address and street address of the registered office of the Corporation are: One Independent Drive, Suite 1300, Jacksonville, Florida 32202. The name of the registered agent of the Corporation is F & L Corp.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F. S.


Randolph S. Wolfe

X


Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Curt P. Creely

Typed or printed name of signee

FILING FEES:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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15 JAN 26 PM 2:45
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TALLAHASSEE, FLORIDA