

L15000048597

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000068685 3)))



H150000686853ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FEE & JEFFRIES, P.A.
Account Number : I20010000069
Phone : (813) 229-8038
Fax Number : (813) 229-0046

FILED
15 MAR 18 PM 1:20
SUPERVISOR OF STATE
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Apax Patient Care Advocates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

15 MAR 18 AM 10:00

SUNBIZ SURFACE OF CONFIDENTIAL INFORMATION SERVICES

FILED
15 MAR 18 PM 1:20
RECEIVED BY STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: (((H15000068685 3)))

**ARTICLES OF ORGANIZATION
OF
APAX PATIENT CARE ADVOCATES, LLC**

The undersigned authorized representative of a member of the captioned Limited Liability Company, under the provisions of the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name, Mailing Address and Purpose of Organization

The name of this limited liability company is Apax Patient Care Advocates, LLC (the "Company"). The Company's principal address and mailing address is 1227 N. Franklin Street, Tampa, Florida 33602. The Company's initial registered agent is David M. Jeffries, whose address is 1227 N. Franklin Street, Tampa, Florida 33602. The Company is organized to enable its members to transact any lawful business for which a limited liability company may be organized under Florida law.

ARTICLE II

Duration of Existence

The Company shall remain in existence from the date the Articles of Organization are filed with the Florida Department of State until terminated in accordance with the provisions of the Florida Revised Limited Liability Company Act or the Company's Operating Agreement.

ARTICLE III

Management of the Company

The Company shall be managed in the manner set forth in the Company's Operating Agreement. The following individuals shall be the Company's initial manager(s), who shall serve the Company in the capacity set forth in the Company's Operating Agreement, and who shall have full authority to establish the Company's accounts with financial institutions:

Paul Haber
Ed Smith


FAX AUDIT NO.: (((H15000068685 3)))

FAX AUDIT NO.: (((H15000068685 3)))

ARTICLE IV
Indemnification

If in the judgment of the members, the criteria set forth in §605.0408, *Florida Statutes*, or any successor statute, have been met, then the Company shall indemnify any manager or member, or former manager or member, his/her or its personal representatives, devisees or heirs, in the manner and to the extent contemplated by §605.0408, *Florida Statutes*.

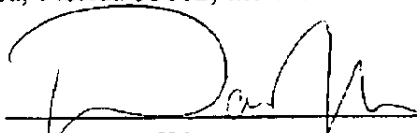
IN WITNESS WHEREOF, the undersigned authorized representative of a member has executed these Articles of Organization this 18th day of March, 2015.



David M. Jeffries,
Authorized Representative of a Member

CERTIFICATE DESIGNATING
REGISTERED AGENT

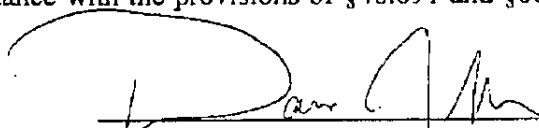
Pursuant to the provisions of §48.091 and §605.0113, *Florida Statutes*, Apax Patient Care Advocates, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, by action of its members, hereby designates David M. Jeffries an individual resident of the State of Florida, as its Registered Agent for the purpose of accepting service of process within such State and designates 1227 N. Franklin Street, Tampa, Florida 33602, the business address of its Registered Agent, as its Registered Office.



David M. Jeffries,
Authorized Representative of a Member

ACKNOWLEDGMENT

I hereby accept my appointment as Registered Agent of the above named limited liability company and agree to act as such in accordance with the provisions of §48.091 and §605.0113, *Florida Statutes*.



David M. Jeffries, Registered Agent

FAX AUDIT NO.: (((H15000068685 3)))