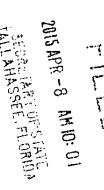
#15000062097

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



300271335593



15 APR -8 AMII: 09

K. SALY EXAMINER

APR - 9 2015

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 580283 4304417 AUTHORIZATION : COST LIMIT : ORDER DATE: April 7, 2015 ORDER TIME : 9:30 AM ORDER NO. : 580283-005 CUSTOMER NO: 4304417 DOMESTIC FILING SEASONS HOSPICE & PALLIATIVE NAME: CARE OF PINELLAS COUNTY, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	Seasons Hospice & Palliative Care of Pinellas County, LLC
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fce(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Bonnie Yancy
	Name of Person
	Much Shelist, P.C.
	Firm/Company
	191 N Wacker Drive, Suite 1800
	Address
	Chicago, IL 60606
	City/State and Zip Code
	byancy@muchshelist.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Bonni	e Yancy 312 521-2184
- 	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	O Filing Fee \$\int \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status}\$\text{Certified Copy (additional copy is enclosed)}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporat

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:		
Seasons Hospice & Palli	ative Care of Pinellas Cour	nty, LLC	
(Must	end with the words "Limited	Liability Company, "L.L.C.	," or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal of	fice of the Limited Liability	Company is:
Principal Office Address:	<u>Mailir</u>	g Address:	
5200 Northeast Second 3rd Floor Stein Building Miami, FL 33137	Avenue	5200 Northeast Secon 3rd Floor Stein Buildin Miami, FL 33137	
(The Limited Liability Com	l Agent, Registered Office, & pany cannot serve as its own land an active Florida registration	Registered Agent, You mus	
The name and the Florida st	reet address of the registered	agent are:	
Co	rporation Service Company	,	
	Name		
129	01 Hays Street		
	orida street address (P.O. Box	NOT acceptable)	
Ta	llahassee	FL 32301	
	City	Zip	_
the place designated in t capacity. I further agree t of my duties, and I am fa	this certificate, I hereby accept to comply with the provisions c miliar with and accept the obl	the appointment as register of all statutes relating to the igations of my position as reer 605, F.S	e stated limited liability company at red agent and agree to act in this proper and complete performance rgistered agent as provided for in
	(CONTINUI	ED)	

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member	to the state of th
'MGR" = Manager	
MGR	Todd Stem
	6400 Shafer Court, Suite 700
	Rosemont, IL 60018
	in the second se
	<u>, </u>
	12:0
	بالمن المنظم المنظم
and and according to the contract from the contr	
V: Effective date, if other than the da	te of filing: (OPTIONAL)
V: Effective date, if other than the dative date is listed, the date must be so filling.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
Use attachment if necessary) EV: Effective date, if other than the date is listed, the date must be so filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dative date is listed, the date must be so filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member, in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the dative date is listed, the date must be so filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	pecific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the dative date is listed, the date must be so filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member, in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) authorized representative
V: Effective date, if other than the dative date is listed, the date must be stilling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	pecific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)