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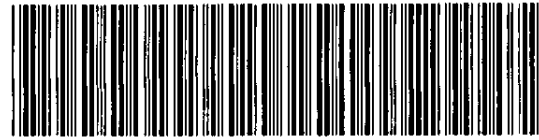
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Larkin Health System, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Matzner, Esq.
Name of Person

Firm/Company

2525 Ponce De Leon Blvd. #625
Address

Coral Gables, FL 33134
City/State and Zip Code

matzner@KOLAWYERS.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Matzner at (305) 804-4760
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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



2525 Ponce de Leon Boulevard
Suite 625
Coral Gables, Florida 33134

Telephone: 305.529.8858
Facsimile: 954.525.4300
www.kolawyers.com

Gary Matzner
Partner
Matzner@kolawyers.com

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Larkin Health System, Inc. and Larkin Health System, LLC

Dear Sir or Madam,

I am counsel and Registered Agent and authorized person who formed Larkin Health System, Inc. on January 19, 2016. For tax purposes, our CPA requested that we form Larkin Health System, LLC. The LLC has the same Registered Agent, authorized person and Manager. Please let me know if you need any additional information.

Yours truly,

Gary C Matzner

Cc: Jack J Michel
Jason Winn

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
LARKIN HEALTH SYSTEM, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

5996 SW 70 STREET
5TH FLOOR
SOUTH MIAMI, 33143

The mailing address of the Limited Liability Company is:

5996 SW 70 STREET
5TH FLOOR
SOUTH MIAMI, FL. UN 33143

Article III

The name and Florida street address of the registered agent is:

GARY C MATZNER
2525 PONCE DE LEON BLVD
SUITE 625
CORAL GABLES, FL. 33134

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.

Registered Agent Signature: GARY C MATZNER



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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JACK J MICHEL
5996 SW 70 STREET 5TH FLOOR
SOUTH MIAMI, FL. 33143

Article V

The effective date for this Limited Liability Company shall be:

Signature of member or an authorized representative

Electronic Signature: GARY C MATZNER



I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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SOUTH MIAMI, FL. 33143