

216000016763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

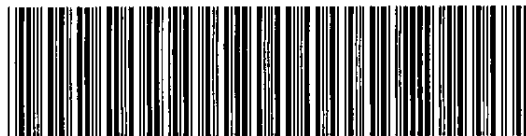
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400281456684

RECEIVED  
DEPARTMENT OF STATE  
16 JAN 28 PM 4:20  
NOTED  
TO ACHIEVE  
SUFFICIENCY OF FILING

16 JAN 29 AM 8:35  
DEPARTMENT OF STATE  
NOTED  
TO ACHIEVE  
SUFFICIENCY OF FILING

JAN 29 2016  
T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 976167 4369500

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : January 28, 2016

ORDER TIME : 3:38 PM

ORDER NO. : 976167-005

CUSTOMER NO: 4369500

DOMESTIC FILING

NAME: CAPE HEALTH HOLDINGS, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION OF CAPE HEALTH HOLDINGS, LLC

The undersigned, being authorized to execute and file these Articles of Organization of CAPE HEALTH HOLDINGS, LLC (the "Company"), hereby certifies that:

## ARTICLE I — Name

The name of the Company is Cape Health Holdings, LLC.

## ARTICLE II — Address

The mailing address and the street address of the principal office of the Company is 625 Del Prado Blvd S. Cape Coral, Florida 33990.

## ARTICLE III — Duration

The period of duration for the Company shall be perpetual.

## ARTICLE IV — Registered Agent

The street address of the initial registered office of the Company shall be William Keith, M.D., and the name and address of the initial registered agent of the Company is 625 Del Prado Blvd S. Cape Coral, Florida 33990.

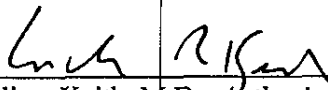
## ARTICLE VI-Effective Date

The effective date is upon filing.

[Signature Appears in Following Page]

STATE  
OF FLORIDA  
JAN 09 14 8:35

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

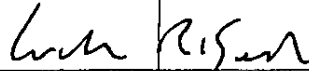
  
\_\_\_\_\_  
William Keith, M.D., *Authorized Signatory*

16 JUN 23 AM 8:35  
STATE  
DEPT OF STATE  
TALLAHASSEE FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**CAPE HEALTH HOLDINGS, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 605, F.S.*



William Keith, M.D.

Dated: January 28, 2016

FILED  
16 JAN 29 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA