

L16000075013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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04/13/16--01015--026 **160.00

Special Instructions to Filing Officer:

Mr. Croyle GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article III
DATE 4/19/16
DOC. EXAM VH
W16-28843

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16 APR 13 PM 3:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 APR 13 PM 3:03

638 Elm Tree LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

370 Camino Gardens Blvd.
Suite 300
Boca Raton, FL 33432-5817

370 Camino Gardens Blvd.
Suite 300
Boca Raton, FL 33432-5817

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Philip J. Croyle

Name

370 Camino Gardens Blvd., Suite 300

Florida street address (P.O. Box **NOT** acceptable)

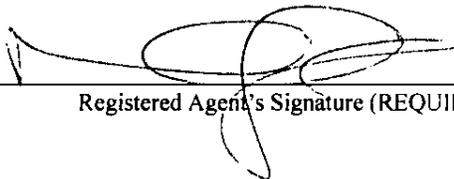
Boca Raton FL 33432-5817

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Martin E. Doerfler, MD

c/o 370 Camino Gardens Blvd., Suite 300

Boca Raton, FL 33432-5817

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 20, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Philip J. Coyle, Attorney for Member/Manager

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)