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ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 6-8-16
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

Corporation Name: TGH Staffing, LLC

Email Address: _____
Entity Number: _____
Authorization: Kim Pullen

☒ Articles
Certified Copy

☒ Certificate of Status.

☐ New Filings ☐ Plain Stamped Copy ☐ Annual Report
☐ Fictitious Name ☐ Amendments ☐ Registration

(X) Call When Ready (X) Call if Problem () After 4:30
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**ARTICLES OF ORGANIZATION
OF
TGH STAFFING, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is TGH STAFFING, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is One Tampa General Circle, Tampa, FL 33606-3571.

**ARTICLE III
Initial Registered Office and Agent**

The street address of the initial registered office of the Company is One Tampa General Circle, Tampa, FL 33606-3571, Attn: Chief Compliance Officer, and the name of its initial registered agent at such address is Florida Health Sciences Center, Inc.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual, unless the Company is earlier dissolved as provided in the Operating Agreement.

**ARTICLE V
Member**

The name and address of the sole member of the Company are:

<u>Name</u>	<u>Address</u>
TGH Ancillary Holding Company	One Tampa General Circle Tampa, Florida 33606-3571

**ARTICLE VI
Management**

The Company is a manager-managed limited liability company and shall be managed in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company.

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ARTICLE VIII
Admission of Additional Members

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act and the Operating Agreement.

ARTICLE IX
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

ARTICLE X
Authorized Representative

The name and address of the authorized representative of the organizing member are:

Name

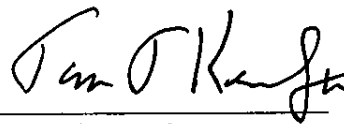
Address

James J. Kennedy, III, Esq.

4221 W. Boy Scout Blvd.
Suite 1000
Tampa, Florida 33607

Dated this 24th day of May 2016.

AUTHORIZED REPRESENTATIVE:



James J. Kennedy, III, Esq.

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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

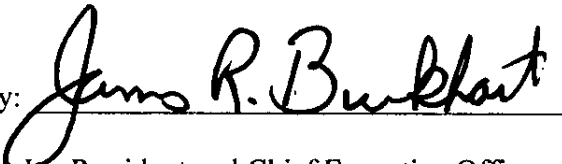
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by the 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.

Dated this 24th day of May 2016.

REGISTERED AGENT:

**FLORIDA HEALTH SCIENCES CENTER,
INC.**

By: 
Its: President and Chief Executive Officer

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