

L16000213990

(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



500290985765

11/28/16--01040--003 \*\*155.00

SUFFICIENCY OF FILING

16 NOV 28 PM 2:09

RECEIVED

16 NOV 28 PM 4:20

FILED

C. GOLDEN

NOV 28 2016

Holland & Knight

Requester's Name  
315 South Calhoun Street, suite 600

Address  
Tallahassee, FL 32301 (850)425-5686  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Santafe Management Services, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
16 NOV 28 PM 4:29

SANTAFE MANAGEMENT SERVICES, LLC

FILED

ARTICLES OF ORGANIZATION

16 NOV 26 PM 4:29

The undersigned, as Authorized Representative, desiring to form a limited liability company under the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

1. Name. The name of the limited liability company is SantaFe Management Services, LLC (the "Company").

2. Address. The Company's mailing address and the street address of its principal office is:

4300 NW 89<sup>th</sup> Blvd.  
Gainesville, Florida 32606.

3. Registered Agent and Office. The Company designates 4300 NW 89<sup>th</sup> Blvd., Gainesville, Florida 32606 as the street address of the initial registered office of the Company and names Steven M. Ziegler as the Company's initial registered agent at that address to accept service of process within this state.

4. Sole Member. The sole member of the Company is SantaFe HealthCare, Inc., a Florida not-for-profit corporation. The Company shall have no members except SantaFe HealthCare, Inc.

5. Reserved Authority. The board of directors of SantaFe HealthCare, Inc. shall have the power and authority to modify, amend, rescind, or repeal any action taken by any manager, officer, or other authorized representative of the Company.

6. Amendments. These Articles of Organization may be amended with the prior approval of the board of directors of SantaFe HealthCare, Inc.

7. Effective Date. These Articles of Organization shall become effective upon filing with the Florida Secretary of State.

Dated this \_\_\_\_ day of November, 2016.

By: Kay Ayers  
Kay Ayers  
as it Authorized Representative

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 AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is SantaFe Management Services, LLC.
2. The name and address of the registered agent and office are:

Steven M. Ziegler  
4300 NW 89<sup>th</sup> Blvd.  
Gainesville, Florida 32606

By: Kay Ayers  
Kay Ayers  
as its Authorized Representative

ACKNOWLEDGMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I accept the appointment as registered agent and agree to act in that 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.

SMZ  
Steven M. Ziegler  
Registered Agent  
Dated: November 21, 2016

FILED  
16 NOV 28 PM 4:29