Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Florida MHC, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

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JAN 18 2017

COVER LETTER

| | vision of Corporations | | |
|----------------|---|-------------------|---|
| OUDIECE | Florida MHC, LLC | | |
| SUBJECT: | | Limited Liabilit | y Company |
| The enclose | d Articles of Organization and fee(s) | are submitted i | for filing. |
| Please retur | n all correspondence concerning this | matter to the fo | Illowing: |
| | Richard O'Brien | | |
| | | Name of I | Person |
| | RJO PHC, LLC | | |
| | | Firm/Con | npany |
| | 98 Mill Plain Road, Suite 3C | | |
| | | Addre | SS |
| | Danbury, CT 06811 | | |
| • | obrien@athenarealestate.com | City/State and | Zip Code |
| _ | | sed for future ar | nual report notification) |
| For further in | formation concerning this matter, ple | ase call: | |
| | Richard O'Brien | 203 | 942-2745 |
| • | Name of Person | Area Code | Daytime Telephone Number |
| Enclosed is | a check for the following amount: | | |
| \$125.00 Fi | sing Fee \$130.00 Filing Fee & Certificate of Status | Certifie | S 160.00 Filing Fee, d Copy copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 1 | Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301 |

| ARTICLE I - Name: The name of the Limited Liability | y Company is: | | | |
|--|---|--|---|---|
| Florida MHC, LLC (Must end | with the words "Limited | Liability Company | , "L.L.C.," or "LLC | <u>,</u> |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal o | ffice of the Limited | Liability Company | is: |
| <u>Princip</u> | al Office Address: | | Malling | Address: |
| 98 Mill Plain Road, Danbury, CT 06811 | Suite 3C | | Mill Plain Road, Sui bury, CT 06811 | te 3C |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street | cannot serve as its own active Florida registration | Registered Agent. | | an individual or |
| | C T Corporation Sys | tem Name | | |
| | | | | |
| | 1200 South Pine Isl Florida street addres | | ccentable) | _ |
| | Plantation. | Florida | 33324 | |
| | City | State | Zip | |
| Having been named as registered a place designated in this certificate further agree to comply with the plan familiar with and accept the ol | I hereby accept the app rovisions of all statutes re ligations of my position | olutinent as register elating to the proper as registered agent Tropporation Sy | ed agent and agree t r and complete perfo as provided for in Cl | to act in this capacity. 1 rmance of my duties, and t |
| | | (CONTINUED) | | |

Page 1 of 2

17 JAN 17 AH 9: 2:

ARTICLE IV-

| Title: | | Name and Address: |
|--|--|---|
| | Authorized Member | |
| "MGR" = 1 | _ | DIO DUC LLC |
| AMBR | | RJO PHC, LLC |
| | | 98 Mill Plain Road, Suite 3C |
| | | Danbury, CT 06811 |
| | | |
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| | ment if necessary) | |
| iccuve date | tive date, if other than the date of filing is listed, the date must be specific at | B: (OPTIONAL) nd cannot be more than five business days prior to or 9 |
| of filing.) If the date insument's effection | seried in this block does not meet the ctive date on the Department of State provisions, if any. | applicable statutory filing requirements, this date will no |
| of filing.) If the date insument's effect LE VI: Other | seried in this block does not meet the ctive date on the Department of State provisions, if any. | applicable statutory filing requirements, this date will no 's records. |
| of filing.) If the date insument's effect LE VI: Other | serted in this block does not meet the crive date on the Department of State provisions, if any. D SIGNATURE: Signature of a member of This document is executed in a | applicable statutory filing requirements, this date will not be records. A partial applicable statutory filing requirements, this date will not be records. A partial applicable statutory filing requirements, this date will not be records. |
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| of filing.) If the date insument's effect LE VI: Other | Signature of a member of This document is executed in a lam aware that any false inform constitutes a third degree felony Richard O'Brien | applicable statutory filing requirements, this date will not its records. A parameter of a member of |
| of filing.) If the date insument's effect LE VI: Other | Signature of a member of This document is executed in a lam aware that any false inform constitutes a third degree felony Richard O'Brien | applicable statutory filing requirements, this date will not its records. The records are authorized representative of a member coordance with section 605.0203 (1) (b), Florida Statutes, patient submitted in a document to the Department of State |
| e of filing.) If the date insument's effective Other REOUIRE | serted in this block does not meet the etive date on the Department of State provisions, if any. D SIGNATURE: Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony Richard O'Brien Type | applicable statutory filing requirements, this date will not its records. Jack applicable statutory filing requirements, this date will not its records. Jack applicable statutory filing requirements, this date will not its records. Jack applicable statutory filing requirements, this date will not its records. Jack applicable statutory filing requirements, this date will not its records. |
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\$ 5.00 Certificate of Status (Optional)