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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

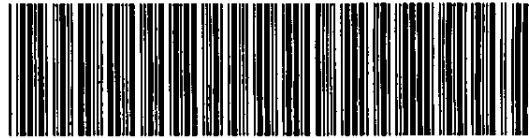
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17 JAN 17 PM 5:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MOON

JAN 17 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healthcare Center at Tradition, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia L. Schiefer  
Name of Person

Healthcare Center at Tradition, LLC  
Firm/Company

6245 Paddington Place  
Address

Vero Beach, FL 32967  
City/State and Zip Code

SchieferCA@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Schiefer at (772) 834-9565  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SEE FRONT PAGE  
FILED  
JAN 17 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

SW Village Parkway  
Port St Lucie, FL  
34987

Mailing Address:

6245 Paddington Pl  
Vero Beach, FL  
32967

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:

Village Tradition Properties, LLC  
Name

6245 Paddington Place  
Florida street address (P.O. Box **NOT** acceptable)  
Vero Beach, FL 32967  
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..

Cynthia L. Schiefer  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED  
JAN 17 2017  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ST. LUCIE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

**Name and Address:**

Joseph S. Gage  
S. E. High Point Road  
Stuart, FL 34996

Jack Daubert  
1030 SE Monterey Road  
Stuart, FL 34996

Cynthia Schieler  
16245 Paddington Pl.  
Vero Beach, FL 32967

(Use attachment if necessary)

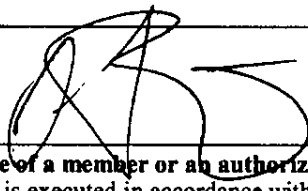
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**

X 

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.

Joseph S. Gage

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)

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
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