Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. **QSP AT PALMETTO HOSPITAL LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The hame of the Limited Liability Company is: Manuend with the words Turning Liability Company,	
asp at Palmetto Hospital LLC	7 JAN
ARTICIE II - Address:	<u>2</u>
The mailing address and street address of the principal office of the Limited Liability	> _
2050 Coral Way #401 200 5	E
Mianor FL 33145	-
	-
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (The Limited Lighter)	
Company connor serve as its own Registered Agent. You must designate an includival or another business entity with an active Florida registration.)	
Jesus Lunbe	
2050 CO(a) wat #40	Ì
Micros 51 22145	
1711ary PC 33173	
ARTICLE IV.	
The name and title of each person authorized to manage and control the Limited	
Liability Company:	
Faul Hawkins (HM BIR)	
Jesus Lucibe (AMBR)	
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Required Signatures:

Signature of a member or an authorized representative of a member

In accordance with section 505.0203 (1) (b), Florida Statutes; the execution of this document, constitutes an affirmation under the penalties of perjury that the facts stated herein are title.

I am aware that any felse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signer

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, P.S..

Registered Agent's Signature (REQUIRED)

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