

L17000036104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

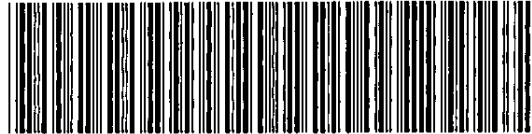
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2017 FEB 17 PM 4:29
SECRETARY OF THE
TALLAHASSEE COUNTY

C. GOLDEN
FEB 17 2017

LAW OFFICES OF
KARL DAVID ACUFF

1615 Village Square Boulevard, Suite 2
Tallahassee, FL 32309-2770
Tel. 850.671.2644
Fax 850.671.2732
kd_acuff@floridacourts.com

February 17, 2017

BY HAND DELIVERY

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mail out

RECEIVED
17 FEB 17 AM 11:42

Re: CORRECTED Articles of Organization for Hillsborough Palliative Care, LLC
a new Florida Limited Liability Company
Previously Rejected Filing – Document Number W16000005798

Dear Reviewer,

I am submitting today Corrected Articles of Organization for Hillsborough Palliative Care, LLC - a new Florida LLC. The original submission was rejected, but unfortunately we were not aware of it until today.

With the original submission on January 27, 2016, I had provided check #13378 (which cleared the firm account) for \$160.00 to cover the \$125 filing fee, \$30 for the certified copy and \$5 for the certificate of status. Thank you for waiving any penalties.

Thank you for your kind assistance with this corrected filing. Please let me know if there is any additional information or any clarification needed. Please feel free to contact me at (850) 671-2644, or email me at kd_acuff@floridacourts.com, with any questions.

Sincerely,



Karl David Acuff
Counsel to Hillsborough Palliative Care, LLC

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2017 FEB 17 PM 4:29
RECEIVED
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 27, 2016

KARL DAVID ACUFF
1615 VILLAGE SQUARE BLVD #2
TALLAHASSEE, FL 32309

SUBJECT: HILLSBOROUGH PALLIATIVE CARE, LLC
Ref. Number: W16000005798

We have received your document for HILLSBOROUGH PALLIATIVE CARE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 516A00001805

CORRECTED
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
HILLSBOROUGH PALLIATIVE CARE, LLC

ARTICLE I – Name:

The name of the Limited Liability Company is:

Hillsborough Palliative Care, LLC

ARTICLE II – Address:

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

2061 Collier Parkway
Land O' Lakes, FL 34639

ARTICLE III – Divisional Status for Tax Purposes and Exemption:

For purposes of (1) tax reporting to the Internal Revenue Service, (2) Chapter 220 of the Florida Statutes in connection with the state corporate income tax provisions and (3) the clinical licensure exemption provisions of Florida Statutes Section 400.9905, Hillsborough Palliative Care, LLC (hereinafter “the Company”) shall be disregarded as an entity separate from its sole Member, the Company’s operations shall be treated as a branch or division of its sole Member, and the Company shall derive its tax exempt status from and through its sole Member, which is an organization that is exempt from taxation under Section 501(a) of the Internal Revenue Code as an organization described, and designated as such, in Section 501(c)(3) of the Internal Revenue Code, and which shall include, in such sole Member’s own annual information returns, information pertaining to the finances and operations of the Company. For all other purposes, including but not limited to any other state corporate laws, each of the Company and the sole Member shall be deemed separate entities.

ARTICLE IV– Registered Agent, Registered Office & Registered Agent’s Signature:

The name and the Florida street address of the Registered Agent are:

Karl David Acuff
1615 Village Square Blvd. Suite 2
Tallahassee, FL 32309

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 to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Section 605.0113, F.S.


Karl David Acuff

ARTICLE V - Manager(s) or Managing Member(s):

The name of the Manager is:

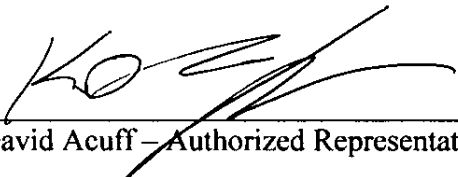
Linda Ward

The sole Member of the limited liability company is:

Gulfside Hospice & Pasco Palliative Care, Inc.

The address of the Manager and of the sole Member is:

2061 Collier Parkway
Land O' Lakes, FL 34639


Karl David Acuff - Authorized Representative

FILED
2017 FEB 17 PM 4:30
SECRET
TALLAHASSEE