

# L1700013992846

Florida Department of State  
Division of Corporations  
Electronic Filing Governance

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ADVENTIST HEALTH SYSTEM  
Account Number : I20050000005  
Phone : (407) 357-2333  
Fax Number : (407) 357-2717

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

Email Address: \_\_\_\_\_

2017 MAY 23 PM 9: 7  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

17 MAY 23 PM 12: 16

BUREAU OF CORPORATE  
INFORMATION SERVICES

## FLORIDA LIMITED LIABILITY CO. AHS West Florida Division ACO, LLC

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Estimated Charge	\$160.00

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AHS West Florida Division ACO, 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:

Sarah Sneath

Name of Person

Adventist Health System

Firm/Company

900 Hope Way

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

sarah.sneath@ahss.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Sneath at 407 357-2333  
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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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AHS West Florida Division ACO, LLC

(Must contain 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:Mailing Address:101 Southhall Lane  
Suite 150  
Maitland, Florida 32714101 Southhall Lane  
Suite 150  
Maitland, Florida 32751

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

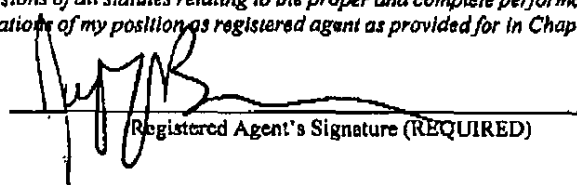
Jeff Bromme

Name

900 Hope WayFlorida street address (P.O. Box **NOT** acceptable)

<u>Altamonte Springs</u>	<u>Florida</u>	<u>32714</u>
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Adventist Health System/Sunbelt, Inc.

900 Hope Way

Altamonte Springs, Florida 32714

(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:**

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.

Lynn Addiscott

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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