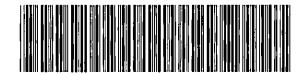
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE: 145262 4304417 |
| AUTHORIZATION: Spells de molo |
| COST LIMIT : \$ 125-00 |
| ORDER DATE : April 3, 2018 |
| ORDER TIME : 1:15 PM |
| ORDER NO. : 145262-005 |
| CUSTOMER NO: 4304417 |
| |
| DOMESTIC FILING |
| NAME: SEASONS HOSPICE & PALLIATIVE CARE OF PASCO COUNTY, LLC |
| EFFECTIVE DATE: |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Emily Croft - EXT. 62925 |

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabil | ity Company is: | | | |
|--|---|--|--|---|
| S | easons Hospice & Pall | iative Care of Pasc | co County, LLC | |
| (Must cor | tain the words "Limited | Liability Company, | "L.L.C" or "LLC.") | |
| ARTICLE II - Address: The mailing address and street | address of the principal c | office of the Limited | Liability Company is: | |
| <u>Princi</u> | pal Office Address: | | Mailing Ad | <u>ldress</u> : |
| | econd Avenue, 3rd Fic | | 0 Northeast Second | Avenue, 3rd Flo |
| Stein Building | 127 2706 | | n Building mi, Florida 33137-27 | 706 |
| Miami, Florida 33 | 137-2700 | | | |
| The name and the Florida stree | t address of the registered | | | |
| | | Name | | |
| | | | | |
| | 1201 Hays Street | | | |
| | Florida street addres | ss (P.O. Box <u>NOT</u> a | cceptable) | |
| | Tallahassee | FL | 32301 | |
| | City | State | Zip | |
| Having been named as registered place designated in this certificat further agree to comply with the am familiar with and accept the d | te, I herchy accept the app provisions of all statutes to obligations of my position Corporation Sen | pointment as register relating to the proper a as registered agent a | ed agent and agree to a and complete perform as provided for in Chap | act in this capacity. 1 cance of my duties, and l |
| | | (CONTINUED) | | |
| | | (COMTINUED) | | 7>6 |
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ARTICLE IV-

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

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR = Wallager | Todd Stern |
| | 6400 Shafer Court, Suite 700 |
| | Rosemont, Illinois 60018 |
| | |
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| (Use attachment if necessary) | |
| mar more at the decision of the other | ne date of filing: |
| | to date of thing. |
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| ective date is listed, the date must of filing.) I the date inserted in this block doe ment's effective date on the Depar | be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be li |
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