<u> 1800095850</u>

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K. Brumbley

COVER LETTER

TO: New Filing Section

Div	ision of Corporations					
SUBJECT:	Florida Wright Enterprises, LLC	2				
SUBJECT.	Name of Limited Liability Company					
The enclosed	d Articles of Organization and fee	(s) are submitted	I for tiling.			
Please return	all correspondence concerning the	nis matter to the	following:			
	Edward F. Sutkowski, Esq.					
-		Name of	Person			
:	Sutkowski Law Office Ltd.					
-		Firm/Co	ompany			
	416 Main Street, Suite 400					
-	Address					
1	Peoria, IL 61602					
- de	onna@sutlawoffice.com	City/State ar	nd Zip Code			
_	E-mail address: (to be	used for future	annual report notification)			
For further int	formation concerning this matter.	please eall:				
1	Donna M. Claus	309 at (680,8000			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is a	a check for the following amount:					
= \$125.00 Fili	-	& X\$155.0	\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Florida Wright Enterprises, LLC		
(Must contain the words "Li	imited Liability Company, "L.L.C.," or "LLC,")	
ICLE II - Address:		
mailing address and street address of the princ	cipal office of the Limited Liability Company is:	
Principal Office Addres	ss: Mailing Address:	
2850 Estero Blvd #204	1900 Tanglewood Drive	
Fort Myers Beach, FL 33931	Pekin, IL 61554	
TCLE III - Registered Agent, Registered O	Office. & Registered Agent's Signature:	
Limited Liability Company cannot serve as it ner business entity with an active Florida regi	its own Registered Agent. You must designate an individual or distration.)	2018 A
Limited Liability Company cannot serve as in her business entity with an active Florida region name and the Florida street address of the reg	its own Registered Agent. You must designate an individual or distration.) pistered agent are:	2018 APR
e Limited Liability Company cannot serve as in their business entity with an active Florida region name and the Florida street address of the reg	its own Registered Agent. You must designate an individual or distration.)	2018 APR 16
e Limited Liability Company cannot serve as in ther business entity with an active Florida region name and the Florida street address of the reg	its own Registered Agent. You must designate an individual or distration.) pistered agent are: ervice Company Name	5
ne Limited Liability Company cannot serve as in other business entity with an active Florida regi e name and the Florida street address of the reg <u>Corporation So</u>	its own Registered Agent. You must designate an individual or distration.) pistered agent are: ervice Company Name	16 AH
other business entity with an active Florida region and the Florida street address of the region of Corporation Section 1201 Hays Street	its own Registered Agent. You must designate an individual or distration.) Distration. Distrat	5

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.

(CONTINUED)

ARTICLE IV-

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

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager MGR	Nelson A. Wright, III, M.D.
		1900 Tanglewood Drive
		Pekin, IL 61554
	MGR	David N. Wright, MD
		512 Chase Haven
		Rochester, IL 62563
		
	(Use attachment if necessary)	
If an ef he date <u>Note:</u> I	fective date is listed, the date must be specific of filing.)	ling:
ARTICI	LE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	Que a W right the
		r or an authorized representative of a member.
		a accordance with section 605.0203 (1) (b), Florida Statutes.

Nelson A. Wright, III, M.D.

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)