

5/22/2018

Division of Corporations

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Email Address: GLovett@clarkpartington.com

**FLORIDA LIMITED LIABILITY CO.
HOSPICE OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

NOTE:

Written Consent
for Use of Name
also attached

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**ARTICLES OF ORGANIZATION
OF
HOSPICE OF FLORIDA, LLC**

The undersigned, Glenn E. Lovett, a natural person competent to contract and an authorized representative of Hospice of Florida, LLC, hereby presents these Articles of Organization as the Articles of Organization of Hospice of Florida, LLC, a limited liability company formed under the provisions of Chapter 605, *Florida Statutes*.

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ARTICLE I - NAME

The name of the limited liability company is Hospice of Florida, LLC. This limited liability company is referred to in these Articles of Organization as the "Company."

ARTICLE II - PRINCIPAL OFFICE ADDRESS

The initial principal office and mailing address of the Company is 125 E. Intendencia Street, Fourth Floor, Pensacola, FL 32502. The Company's principal office and mailing address may hereafter be at such other place or places as its manager from time to time may determine.

ARTICLE III - PURPOSE AND POWERS

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized and shall have all powers and rights which a limited liability company may exercise pursuant to Chapter 605, *Florida Statutes*.

ARTICLE IV - COMMENCEMENT AND TERM OF EXISTENCE

The date for commencement of the Company's existence shall be the date these Articles of Organization are filed with the Florida Department of State. The Company shall have a perpetual existence unless the Company is terminated as provided in its Operating Agreement.

ARTICLE V - REGISTERED OFFICE AND AGENT

The initial registered agent of the Company is Glenn E. Lovett, and the initial address for that registered agent is 125 E. Intendencia Street, Fourth Floor, Pensacola, FL 32502.

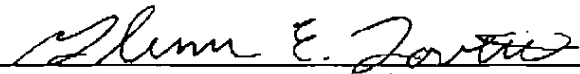
ARTICLE VI - MANAGEMENT

The Company shall be managed by one or more managers in accordance with the terms of the Operating Agreement for the Company. The name and address of the initial manager of the Company is as follows: Hospice of Florida, Inc., 125 E. Intendencia Street, Fourth Floor, Pensacola, FL 32502.

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IN WITNESS WHEREOF, the undersigned authorized representative of the Company has executed these Articles of Organization on the date set forth below.


GLENN E. LOVETT, as Authorized Representative

Date: May 22, 2018

REGISTERED AGENT ACCEPTANCE

I do hereby accept the foregoing designation as registered agent of Hospice of Florida, LLC. I am familiar with and accept the duties and obligations of such designation.


GLENN E. LOVETT

Date: May 22, 2018

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WRITTEN CONSENT FOR USE OF NAME

Pursuant to Section 605.0112(1)(b), *Florida Statutes*, Hospice of Florida, Inc., a Florida corporation not for profit (document number N18000005570), does hereby give its written consent to Hospice of Florida, LLC for the formation of a Florida limited liability company under the name Hospice of Florida, LLC.

HOSPICE OF FLORIDA, INC.

By: 
Glenn E. Lovett, Authorized Representative

Date: May 22, 2018

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