

L19000062039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

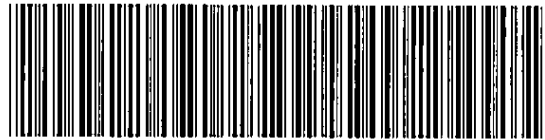
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 MAR -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED
19 MAR -6 AM 10:33
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 666692 8152328

AUTHORIZATION :



COST LIMIT : \$150.00

ORDER DATE : March 5, 2019

ORDER TIME : 4:53 PM

ORDER NO. : 666692-005

CUSTOMER NO: 8152328

DOMESTIC FILING

NAME: BAY COUNTY SACRED HEART
LEASING CO., LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Bay County Sacred Heart Leasing, 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:

Hugh Middlebrooks

Name of Person

Ascension Legal Services

Firm/Company

102 Woodmont Boulevard, Suite 600

Address

Nashville, TN 37205

City/State and Zip Code

Hugh.Middlebrooks@ascension.org

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

For further information concerning this matter, please call:

Hugh Middlebrooks

615

284-6876

at ()

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

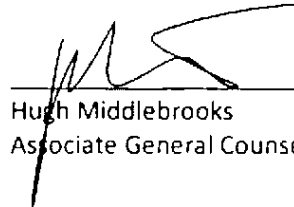
Street Address

New Filing Section
Division of Corporations
Clifton Building

CONSENT FOR USE OF SIMILAR NAME

Please be advised the we represent Bay County Health System, LLC ("BCHS"). BCHS owns 100% of the stock of Bay County Sacred Heart Leasing Co., Inc. ("Leasing Corp"). BCHS also desires to form Bay County Sacred Heart Leasing , LLC ("Leasing LLC"). On behalf of Leasing Corp., we hereby consent to the formation of Leasing LLC, even though the name is almost identical to Leasing Corp. Please contact us with any questions or concerns.

Bay County Health System, LLC on behalf of
Bay County Sacred Heart Leasing Co., Inc.



Hugh Middlebrooks
Associate General Counsel

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bay County Sacred Heart Leasing, 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:

1 Shircliff Way

Jacksonville, FL 32204

Mailing Address:

1 Shircliff Way

Jacksonville, FL 32204

ARTICLE III - Registered Agent, Registered Office, & 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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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.

Emily Croft

Registered Agent's Signature

Emily Croft

Asst. Vice President

(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:

Bay County Health System, LLC

1 Shircliff Way

Jacksonville, FL 32204

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/4/2019. (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.

Hugh Middlebrooks, Associate General Counsel

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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TALLAHASSEE, FLORIDA