### **Division of Corporations Electronic Filing Cover Sheet**

orida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000247120 3)))



H190002471203ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HILL WARD HENDERSON

Account Number : 072100000520 Phone : (813)221-3900 : (813)200-5995 Fax Number

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

Email Address:

### FLORIDA LIMITED LIABILITY CO. Alliant Care of North Tampa, LLC

	<del>-</del>
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000247120 3)))

#### ARTICLES OF ORGANIZATION

**OF** 

#### ALLIANT CARE OF NORTH TAMPA, LLC

#### ARTICLE I NAME

The name of the Company shall be: ALLIANT CARE OF NORTH TAMPA, LLC

# ARTICLE II Address and Place of Business

The mailing and street address for the Company's principal office is 10889 Crossroads Commerce Boulevard, Tampa, Florida, 33610.

# ARTICLE III REGISTERED OFFICE AND REGISTERED AGENT

The street address of the Company's initial registered office in Florida is 10889 Crossroads Commerce Boulevard, Tampa, Florida, 33610, and the name of its initial registered agent is Yasin O. Saad. The Company may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Chapter 605, Florida Statutes.

# ARTICLE IV ACKNOWLEDGMENT

The members of the Company, through their undersigned authorized representative, do hereby certify that the foregoing constitutes the proposed Articles of Organization of Alliant Care of North Tampa, LLC. These Articles of Organization may be amended from time to time by consent of the members holding a majority of the voting interests of the Company, or otherwise in the manner now or hereafter prescribed in the Company's Operating Agreement, consistent with the laws of the State of Florida.

# ARTICLE V MANAGEMENT

The Company will be a manager-managed limited liability company under the Act. The name and address of the person initially authorized to manage the Company are as follows:

(((H19000247120 3)))

ARTICLES OF ORGANIZATION OF ALLIANT CARE OF NORTH TAMPA, LLC

PAGE 2

Yasin O. Saad 10889 Crossroads Commerce Boulevard Tampa, Florida, 33610

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 27 day of June 2019.

#### ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of Alliant Care of North Tampa, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Chapter 605, Florida Statutes.

EXECUTED this 27 day of June

12744446v1