

L19000208143

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000248704 3)))



H190002487043ABC2

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 : (950) 617-6381

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KAMFOR & REED, P.A.
Account Number : 072720000035
Phone : (407) 843-4600
Fax Number : (407) 843-4444

Am. Tami Passkey

****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.

Sonata V2 Manager, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 20 AM 9:59

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

2019 AUG 20 AM 9:59

ARTICLES OF ORGANIZATION
OF
SONATA V2 MANAGER, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - NAME

The name of this limited liability company is Sonata V2 Manager, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

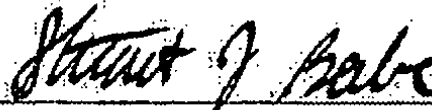
The mailing address and street address of the principal office of the Company is 301 East Pine Street, Suite 730, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 301 East Pine Street, Suite 730, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Shelley Esden.

ARTICLE IV - MANAGEMENT

The Company is a member-managed limited liability company, and the member of the Company is Sonata Health Care, LLC, a Florida limited liability company.



Stuart J. Beebe, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Shelley Esden