

L19000259415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

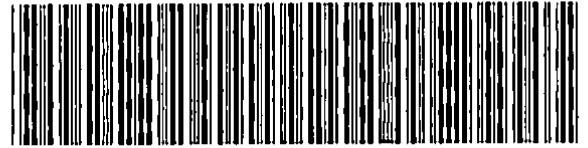
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 28 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 28 2019 11:48

OCT 29 2019

Grumley

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA0000000017

Date: 10-28-19

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 125.00

Corporation Name: TGH House Calls, LLC

Email Address: _____

Entity Number: _____

Authorization: Kim Pullen

☐ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy

☐ Amendments

☐ Certificate of Statu

☐ Annual Report

☐ Registration

(☒) Call When Ready

(☒) Walk In

(☒) Call if Problem

(☐) Will Wait

(☐) After 4:30

(☒) Pick Up

CF Internal Use Only

Client: 55848 Matter: 40787

Name: B. O'neal Office: TPA

FILED

2015 OCT 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
TGH HOUSE CALLS, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is TGH HOUSE CALLS, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is One Tampa General Circle, Tampa, Florida 33606-3571. Attn: Adam Smith.

**ARTICLE III
Initial Registered Office and Agent**

The street address of the initial registered office of the Company is 100 S. Ashley Dr., Suite 400, Tampa, Florida 33602 and the name of its initial registered agent at such address is CF Registered Agent, Inc.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual, unless the Company is earlier dissolved as provided in the Operating Agreement.

**ARTICLE V
Member**

The name and address of the sole member of the Company is:

<u>Name</u>	<u>Address</u>
TGH Ambulatory Services Company	One Tampa General Circle Tampa, Florida 33606-3571

**ARTICLE VI
Management**

The Company is a manager-managed limited liability company and shall be managed accordance with the Operating Agreement adopted by the sole member for the management of the business and affairs of the Company.

ARTICLE VIII
Admission of Additional Members

The sole member shall have the right to admit additional members as provided by the Florida Limited Liability Company Act and the Operating Agreement.

ARTICLE IX
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

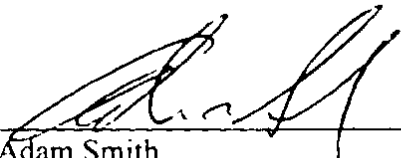
ARTICLE X
Authorized Representative

The name and address of the authorized representative of the organizing member are:

<u>Name</u>	<u>Address</u>
Adam Smith	Tampa General Hospital One Tampa General Circle Tampa, Florida 33606

Dated this 1st day of October 2019.

AUTHORIZED REPRESENTATIVE:



Adam Smith

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by the 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 the obligations of my position as a registered agent.

Dated this 3rd day of Oct 2019.

REGISTERED AGENT:

CF Registered Agent, INC.

By: _____

Its: _____

Authorized Signatory