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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/13/2020	
	Chris Vick	 -
Reference #		
Entity Name	LH	CH CLVI LLC
✓ Article	es of Incorporation/Authorization	on to Transact Business
☐ Amen	dment	
☐ Chan	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	smovint: \$425.00	

+44 (0)20.3961.3080

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:			
LHCG CLVI, LLC ()	Aust end with the words "Limited	Liability Co	ompany, "L.L.C.	," or "LLC.")
ARTICLE II - Addres The mailing address an	s: d street address of the principal of	ffice of the I	imited Liability	Company is:
Principal Office Addr	ess:	Mailing	Address:	
901 Hugh Wallis Roa Lafayette, LA 70508	nd South			
(The Limited Liability	ered Agent, Registered Office, a Company cannot serve as its own with an active Florida registration	Registered .	ed Agent's Sign Agent, You mus	ature: t designate an individual or
The name and the Flori	da street address of the registered	agent are:		
	COGENCY	GLOBAL	INC.	
	Name			
	115 North Calh			
	Florida street address (P.O. Box	NOT acce	otable)	
	Tallahassee	FL		<u></u>
	City		Zip	
the place designated capacity. I further ag	d in this certificate, I hereby accep wee to comply with the provisions on familiar with and accept the ob	t the appoin of all statute	tment as register s relating to the _i ny position as re	proper and complete performance
	Registered Agent's Signa	Jones	_	
	Registered Agent's Signa	tuse (REQU	IRED)	
	(CONTINU	·		<i>i</i> 0 .

TO JAN 13 PH 2: C

litle:	Name and Address:
"AMBR" = Authorized Member	'''
"MGR" = Manager	
MGR	LHC Health Care Group of Florida, LLC
	901 Hugh Wallis Road South
	Lafayette, LA 70508
<u> </u>	
	-
	
(Use attachment if necessary)	
EV: Effective date, if other than the d ctive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	member of an authorized representative of a member. 605-4203 (1) (b). Florida Statutes, the execution of this document
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation us I am aware that any false in	member of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
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