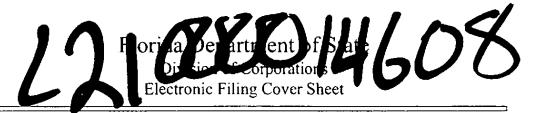
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BOWEN, SCHROTH, P.A.

Account Number : 120150000108 Phone : (352)589-1414 Fax Number : (352)589-1726

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

ZBROOME@BOWENSCHROTH.COM

# FLORIDA LIMITED LIABILITY CO. TUCKER OAKS MEDICAL REAL ESTATE LLC

Certificate of Status	1
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#### ARTICLES OF ORGANIZATION OF TUCKER OAKS MEDICAL REAL ESTATE, LLC

The undersigned hereby executes and acknowledges these Articles of Organization for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit and hereby adopt the following Articles of Organization for such limited liability company:

#### ARTICLE I Name and Principal Office

The name of this limited liability company is TUCKER OAKS MEDICAL REAL ESTATE; LLC and its principal office is located at 1925 DON WICKHAM DR, CLERMONT FL 34711 and mailing address is 1925 DON WICKHAM DR, CLERMONT FL 34711.

#### ARTICLE II Duration

The existence of this limited liability company shall be perpetual, commencing upon the filing of the Articles of Organization by the Florida Department of State.

### ARTICLE III Purpose

The purpose of this limited liability company is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV Continuation of Business

If the members do not elect to dissolve this company within ninety (90) days after the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this company, then this company shall not be dissolved by reason of such event, its affairs shall not be wound up, and it shall remain in existence as a limited liability company under the laws of the State of Florida.

#### ARTICLE V Membership

The members of this limited liability company have the right to admit additional members to this organization upon the unanimous consent of those individuals or entities who are members prior to the admission of the new member. However, the transferee or assignee shall not be entitled to become a member or participate in the business and affairs of this limited company unless the transfer or assignment is approved by the unanimous consent of the members not proposing to transfer or assign their interests.

#### ARTICLE VI Dissolution

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The limited liability company will dissolve as provided in the Operating Agreement executed by and among the members.

### ARTICLE Vil Management

This organization is to be managed by a manager or managers elected by a majority interest of its members. The initial manager(s), who shall serve until the earlier of their deaths, resignations, replacements or until the first annual meeting of members and their successors are elected and qualified, shall be: AMIT VARMA, ANTHONY SARANITA, and WILLIAM ATHANS.

### ARTICLE VIII Amendment of Articles of Organization and Operating Agreement

These Articles of Organization and the Company's Operating Agreement January be amended at any time by the members.

### ARTICLE IX Initial Registered Office and Agent

The street address of this limited liability company's initial registered office is 600 Jennings Ave. Eustis, FL 32726 and the name of this limited liability company's initial registered agent is ZACHARY BROOME.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization of this Limited Liability Company this 12 day of January, 2021.

AMIT VARMA

#### ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENTO

ZACHARY BROOME, having been named as registered agent to accept service of process, for TUCKER OAKS MEDICAL REAL ESTATE, LLC, a Florida limited liability company, at the registered office designated below, hereby agrees and consents to act in that capacity.

Registered Office: 600 Jennings Ave. Eustis, FL 32726

The undersigned is familiar with and accepts the duties and obligations of the position of registered agent.

DATED this & day of January, 2021.

THE PART 19 PM 12:27