

L21000194239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

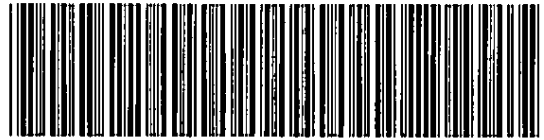
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400365299524

2021 APR 26 PM 12:33
SECRETARY OF STATE
MAIL ROOM 4 FL

FILED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 783770 7182683

AUTHORIZATION : 

COST LIMIT : \$125.00

ORDER DATE : April 27, 2021

ORDER TIME : 10:13 AM

ORDER NO. : 783770-015

CUSTOMER NO: 7182683

DOMESTIC FILING

NAME: SOUTHEAST ACUTE CARE SERVICES,
LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 MAY -4 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 29, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: SOUTHEAST ACUTE CARE SERVICES, LLC
Ref. Number: W21000058682

April 28th

We have received your document for SOUTHEAST ACUTE CARE SERVICES, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist III

Letter Number: 921A00008881

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southeast Acute Care Services, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

Mailing Address:

Attn: Legal Dept.
265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City	State	Zip

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, F.S..

Corporation Service Company

By Shanda E. Holman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ED
2021 APR 28 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Team Finance LLC
265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

Assistant Secretary

265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

John R. Stair

Assistant Treasurer

265 Brookview Centre Way, Suite 400
Knoxville, TN 37919

John Barrack

SECRET
FLORIDA
STATE
DEPARTMENT
OF
REVENUE
FL

2021 APR 28 PM 12:33

(Use attachment if necessary)

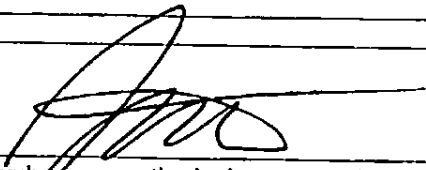
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

John R. Stair

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)