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.

(((H21000224265 3)))



H210002242653ABCY

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

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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. Healthtrust Asset Management, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$125.00		

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

ARTICLES OF ORGANIZATION

HEATHTRUST ASSET MANAGEMENT, LLC, a Florida limited liability company

> ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

HEALTHTRUST ASSET MANAGEMENT, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

6801 Energy Court
Suite 200
Sarasota, Florida 34240

ARTICLE III
INITIAL REGISTERED AGENT/OFFICE

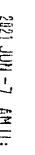
The registered office of the Limited Liability Company and its initial registered agent shall be STATE

Jennifer B. Compton Shumaker, Loop & Kendrick, LLP 240 South Pineapple Avenue 10th Floor Sarasota, Florida 34236

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

> Alan C. Piush 6801 Energy Court Suite 200 Sarasota, Florida 34240



From: Ranae McGraw

These Articles of Organization have been executed as of the 6th day of June, 2021.

"MANAGER"

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

HEALTHTRUST ASSET MANAGEMENT, LLC

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

Jennifer B. Compton Shumaker, Loop & Kendrick, LLP 240 South Pineapple Avenue 10th Floor Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: June ______, 2021

"REGISTERED AGENT"