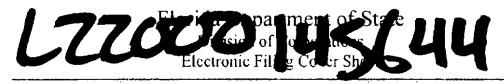
From: Lexus Wingo

4/7/22, 9:51 AM Division of Corporations



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.

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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 : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:\_\_\_\_\_

RECEIVED 22 APR - 7 AM 9: 10

## FLORIDA LIMITED LIABILITY CO.

# Community HealthCare Resources FL 00025, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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Page: 4 of 5

2022-04-07 07:53:25 CST

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From: Lexus Wingo

DocuSign Envelope ID: 2A629151-C2D5-4671-B1DF-169A8BA2CF64

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Community HealthCare Resources FL 00025, 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:	Mailing Address:
2751 Enterprise Road	2751 Enterprise Road
Suite 103	Suite 103
Orange City, FL 32763	Orange City, FL 32763

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:

C T Corporation Sys	tem	
	Nino	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Cly	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 his 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 Capts 605, ES

By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 APR -7 PM 9: 46

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Title:	Name and Address:
"AMBR" = Authorized Me	mber
"MGR" = Manager	
<u>MGR</u>	Terry Watts 2751 Enterprise Road, Suite 103
	Orange City, FL 32763
AMBR	Community HealthCare Resources, Inc.
	2550 Middle Road Bettendorf, IA 52722
	Bettendorf, IA 52722
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### 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)

