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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : J. PATRICK FITZGERALD & ASSOCIATES, P.A.
Account Number : I20090000011
Phone : (305)443-9162
Fax Number : (305)443-6613

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

Email Address: ERG@JPFITZLAW.COM

**FLORIDA LIMITED LIABILITY CO.
CHS PALMER HOUSE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

CHS Palmer House, LLC

ARTICLE II

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

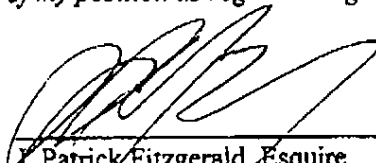
Catholic Health Services
4790 North State Road 7
Lauderdale Lakes, Florida 33319

ARTICLE III

The name and the Florida street address of the Registered Agent are:

J. Patrick Fitzgerald, Esquire
J. Patrick Fitzgerald & Associates, P.A.
110 Merrick Way, Suite 3B
Coral Gables, Florida 33134

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place so 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


J. Patrick Fitzgerald, Esquire
Registered Agent

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ARTICLE IV

The Limited Liability Company is a manager-managed entity. The name and address of the manager authorized to manage and control the Limited Liability Company is as follows:

Title:

Name and Address:

MGR

Catholic Health Services, Inc., a
Florida not for profit corporation
4790 North State Road 7
Lauderdale Lakes, Florida 33319

ARTICLE V

Statement of Authority: Aristides Pallin, as President of Catholic Health Services, Inc., a Florida not for profit corporation, has the authority to (i) execute an instrument transferring real property held in the name of the Limited Liability Company; and (ii) enter into other transactions on behalf of, or otherwise act or bind, the Limited Liability Company.

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.

Catholic Health Services, Inc., a
Florida not for profit corporation

By:


Aristides Pallin, President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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