

**122000356523**

**Florida Department of State  
Division of Corporations  
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To:

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

From: **Carrie Ramos FRP Paralegal - PLEASE FAX CONFIRMATION TO 407 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : 120010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

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

Email Address: aorosz@hcpland.com

**FLORIDA LIMITED LIABILITY CO.  
TLC OB Partners, LLC**

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**TLC OB PARTNERS, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is TLC OB PARTNERS, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 605 Commonwealth Avenue, Orlando, Florida 32803.

**ARTICLE III - MANAGEMENT**

The Company will be managed by a manager and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV - AUTHORIZED PERSONS**

The Company hereby designates the following authorized representatives of the Company, who shall be individually authorized to act for and on behalf of the Company, consistent with the Operating Agreement of the Company:

**Person / Title:**

**Address:**

Stephen W. Orosz

605 Commonwealth Avenue  
Orlando, Florida 32803

J. Matthew Orosz

605 Commonwealth Avenue  
Orlando, Florida 32803

Andrew J. Orosz

605 Commonwealth Avenue  
Orlando, Florida 32803

**ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED**  
**AGENT SIGNATURE**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Andrew J. Orosz  
605 Commonwealth Avenue  
Orlando, FL 32803

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TALLAHASSEE, FLORIDA

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*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

  
REGISTERED AGENT'S SIGNATURE

*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 in Section 817.155, Florida Statutes.*

  
AUTHORIZED REPRESENTATIVE'S SIGNATUREAndrew J. Orosz, Authorized Representative

Type or printed name of signee

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