

10/17/22, 2:25 PM

Division of Corporations

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Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

**FLORIDA LIMITED LIABILITY CO.
SVHS-SCA Emerald Coast JV, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 OCT 17 PM 3:20

22 OCT 17 PM 12:35
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SVHS-SCA Emerald Coast JV, 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:

569 Brookwood Village

Suite 901

Birmingham, AL 35209

569 Brookwood Village

Suite 901

Birmingham, Al. 35209

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 System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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.

C T Corporation System

By: Michele Miller

Michele Miller, Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 OCT 17 PM 12:35
TALLAHASSEE, FLORIDA

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:

Manager

David Cutter

569 Brookwood Village, Suite 901

Birmingham, AL 35209

Manager

Nick Lambert

569 Brookwood Village, Suite 901

Birmingham, AL 35209

Manager

Christine Fredric

995 Mar Walt Drive

Fort Walton Beach, FL 32547

Manager

Don King

995 Mar Walt Drive

Fort Walton Beach, FL 32547

(Use attachment if necessary)

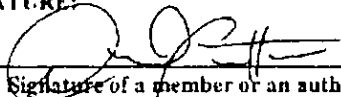
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

David Cutter

Typed or printed name of signer

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)

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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ATTACHMENT

ARTICLE IV- CONT.

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

Title: Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Thomas KiphartThomas
995 Mar Walt Drive
Fort Walton Beach, FL 35247

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FORT WALTON BEACH, FL 35247