

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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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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. Debary Medical HF LLC

Certificate of Status	0
Certified Copy	. 10
Page Count	03
Estimated Charge	\$125.00

SECREPARTOR STATE



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Debary Medical HF LLC (Must contain the words "Limited Liabili	ty Common # I C " or #I [C ")
ARTICLE II - Address: The mailing address and street address of the principal office of	23
Principal Office Address:	Malling Address:
3321 HENDERSON BLVD	3321 HENDERSON BLVD
TAMPA, FL 33609 UN	TAMPA, FL 33609 UN
TAIMIN, PL 33009 ON	
TANIFA, FE 33009 UN	

Capitol Corporate Services, Inc.

Name

515 E Park Ave, 2nd Floor

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

TallahasseeFL32301CityStateZip

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..

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

τ.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: 'AMBR" - Authorized Member ."MGR" = Manager MGR Mike L. Hooper

(Use attachment if necessary)

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

Jason Smith Typed or printed name of signee

Filing Fees:

- * \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
 - 5 5.00 Certificate of Status (Optional)