

Document Number Only

L99000000965

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

600002781046--8

-02/19/99-01067-009

****285.00 ****285.00

NORTHPORT Health Services of Florida, L.L.C.

☐ Profit

☐ NonProfit

☒ Limited Liability Co. *Articles*

Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other ucc Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fic. Name

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TO

JEFFREY D. BUTTERFIELD

98 FEB 19 PM 12:52

**ARTICLES OF ORGANIZATION
OF
NORTHPORT HEALTH SERVICES OF FLORIDA, L.L.C.**

ARTICLE I

Name

The name of the limited liability company is Northport Health Services of Florida, L.L.C. (the "Company").

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 931 Fairfax Park, Tuscaloosa, Alabama 35406.

ARTICLE III

Duration

The Company shall have perpetual duration unless it is dissolved and its affairs wound up in accordance with the Florida Limited Liability Company Act or the Company Operation Agreement.

ARTICLE IV

Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager is Northport Health Services, Inc., 931 Fairfax Park, Tuscaloosa, Alabama 35406.

ARTICLE V

Admission of Additional Members

Upon the consent of a majority in interest of the members, the Company may permit the admission of additional members upon such terms and conditions as a majority of such members shall determine.

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DIVISION OF CORPORATIONS
19 FEB 19 PM 1:44

ARTICLE VI

Members Rights to Continue Business

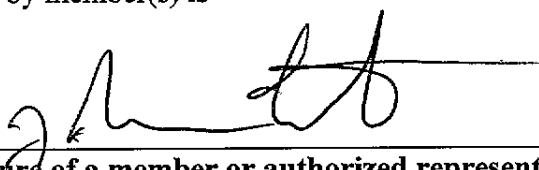
The cessation of one of more members will not result in the dissolution of the Company.

ARTICLE VII

Affidavit of Membership and Contributions

The undersigned member of Northport Health Services of Florida, L.L.C. certifies:

- 1) the above named limited liability company has at least one member
- 2) the total mount of cash contributed by the members is \$100.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is; and N/A ;
- 4) the total amount of cash or property contributed and anticipated to be contributed by member(s) is N/A .


Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. Norman Estes

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
Northport Health Services of Florida, L.L.C.

2. The name and address of the registered agent and office is:

_____ C T CORPORATION SYSTEM _____
(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,
(P.O. Box not acceptable)

Plantation, Florida 33324
(City/State/Zip)

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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.

C T CORPORATION SYSTEM

(Signature) *Connie Bryan*
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(Date) *2/17/99*

FILING FEE: \$ 35 for Designation of Registered Agent