

# L99000002907

## TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** DAYTONA HEALTHCARE INVESTORS, LLC  
(Proposed limited liability company name - must include suffix)

100002881231--0  
-05/20/99--01066--019  
\*\*\*\*293.75 \*\*\*\*293.75

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☒ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☐ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

**FROM:** R. BRUCE McKIBBEN, JR  
Name (Printed or typed)

1301 Miccosukee Road  
Address

Tallahassee, FL 32311  
City, State & Zip

(850) 942-8585  
Daytime Telephone number

Name Availability	5/20/99
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W. P. Verifier	DCC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Call when ready  
FILED  
MAY 20 PM 2:00

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**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Daytona Healthcare Investors, L L C

**ARTICLE II - Address:**

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

1175 Peachtree Street  
Suite 710  
Atlanta, GA 30361

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

John E. McMullan

100 Colony Square

1175 Peachtree St. Suite 710

Atlanta, GA 30361

John F. McMullan

100 Colony Square

1175 Peachtree St. Suite 710

Atlanta, GA 30361

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99 MAY 20 PM 2:00  
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TALLAHASSEE, FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Daytona  
Healthcare Investors, LLC deposes and says:

1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is

3) if any, the agreed value of property other than cash contributed by member(s) is  
A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0

5) the total amount of 2, 3, and 4 is \$ 500.00

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TALLAHASSEE, FLORIDA

R. Bruce McKibben, Jr.

R. BRUCE McKIBBEN, JR.

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.)

Authorized representative  
of John E. McMullan,  
Member

**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 ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: Daytona Healthcare  
Investors, LLC

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

R. BRUCE McKIBBEN, JR.  
(NAME)

1301 Miccosukee Road  
(P.O. Box NOT ACCEPTABLE)

Tallahassee, FL 32308  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

*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.*

RB McKibben 5/20/99  
(SIGNATURE) (DATE)