

L 99000005059

Memorial Hospital - South 4th St.
 Requestor's Name
 770 W. Granada Blvd.
 Ste. # 301 Address
 ORMOND Beach, FL 32174
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MEMORIAL HOSPITAL - SOUTH, L.L.C.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____
☐ Mail out ☒ Will wait ☐ Photocopy
 Carol Alled ☐ Certified Copy
 ☐ Certificate of State

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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ARTICLES OF ORGANIZATION
OF
MEMORIAL HOSPITAL - SOUTH, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act (Chapter 608 of the Florida Statutes), hereby adopts the following Articles of Organization.

ARTICLE I

NAME

The name of this Limited Liability Company shall be: Memorial Hospital - South, L.L.C.

ARTICLE II

INITIAL PRINCIPAL OFFICE

The mailing address and street address of the initial principal office of this Limited Liability Company is: 770 W. Granada Blvd., Suite 301, Ormond Beach, Florida 32174.

ARTICLE III

DURATION

This Limited Liability Company shall commence its existence at the date and time when these Articles of Organization are filed with the Florida Department of State, and exist perpetually thereafter until terminated in the manner prescribed by law.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent of this Limited Liability Company is: H. Darrell White, 215 S. Monroe Street, Suite 600, Tallahassee, Florida 32301

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ARTICLE V

MANAGEMENT

This Limited Liability Company shall be managed by its member(s). The name and address of the Managing Member is: Memorial Health Systems, Inc., 770 W. Granada Blvd., Suite 301, Ormond Beach, Florida 32174.

ARTICLE VI

ADMISSION OF ADDITIONAL MEMBER(S)

No additional member(s) shall be admitted to this Limited Liability Company except with the unanimous written consent of all the member(s) of the company and on such terms and conditions as shall be determined by the member(s).

ARTICLE VII

MEMBER(S) RIGHTS TO CONTINUE BUSINESS

The remaining member(s) may continue the business of this Limited Liability Company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event that terminates the continued membership of a member of this Limited Liability Company.

ARTICLE VIII

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

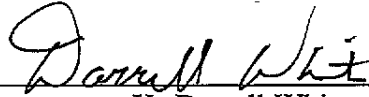
The undersigned member or authorized representative of a member of Memorial Hospital - South, L.L.C., certifies

1. The above named limited liability company has at least one member;
2. The total amount of cash contributed by the member(s) is: \$10.00;
3. If any, the agreed value of property other than cash contributed by member(s) is: \$0.00; and
4. The total amount of cash and property contributed and anticipated to be contributed by member(s) is: \$10.00

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 16th day of August, 1999. In accordance with Section 608.408(3), Florida Statutes (1997), the execution of this affidavit

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constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

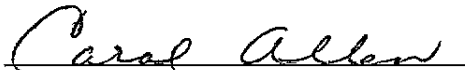


H. Darrell White

Authorized Representative of Member, Memorial Health Systems, Inc.

STATE OF FLORIDA)
COUNTY OF LEON)

SWORN TO and subscribed before me this 16th day of August, 1999, by
H. DARRELL WHITE, who is personally known to me to be the person who
executed the foregoing Affidavit of Membership and Contributions.



Notary Public
State of Florida

(Print, type or stamp commissioned
name of Notary Public.)



Carol Allen
MY COMMISSION # CC755155 EXPIRES
June 29, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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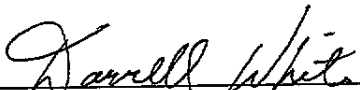
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES (1997), THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Memorial Hospital - South, L.L.C.
2. The name and the Florida street address of the registered agent are: H. Darrell White, 215 S. Monroe Street, Suite 600, Tallahassee, Florida 32301.

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.



H. Darrell White, Registered Agent

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