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REFERENCE: 2019644	BIVISION 99 OCT
REQUESTOR HAME: LEXIS	FILED TARY OF CORFO
ADDRESS:	RATIONS 2: 35
	· ·
CONTACT NAME:	nx& ()
corporation mate: A lachua County	Health Carelle
DOCUMENT NUMBER:	
AUTHORIZATION: C. Woodeyn	2 \$160.00°
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STANFED COPY	 :30183732
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DEPARTMINITOR STATE
VISION OF CERPORATUM
TALLAMASSET FLORINA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A WORLD TO Y AT			
ARTICLE I - Name: The name of the Limited I	Lighility Company is:	<u>'=</u> -	
The hame of the Limited 1	• • •		
	Alachua County Health Care, LLC	=	
ARTICLE II - Address:			
The mailing address and s	treet address of the principal office of the Limited	Liability Comp	oany is:
	lll W Michigan Street	· 	
	Milwaukee, WI 53203		
A DOMESTIC TO THE STATE OF THE	1.4 / Designation of Agen	tia Ciamatuwa	
ARTICLE III - Register	ed Agent, Registered Office, & Registered Agen	it s Signature.	يب
The name and the Florida	street address of the registered agent are:	_	99 ¥\$£
The name and the Florida	street address of the registered agent arc.	=	SEGRETARY NUSTON OF C
	Lexis Document Services, Inc.	Ξ	
	Name	· - · ·	المام والمام
	3953 WW Kelley Road		R 1890
	Florida street address (P.O. Box <u>NOT</u> acceptable) Tallahassee FL 32311		STATE ORANIE 2: 3
	City, State, and Zip		3 Em
liability company at the pregistered agent and agrestatutes relating to the praceept the obligations of	egistered agent and to accept service of process for to place designated in this certificate, I hereby accept to see to act in this capacity. I further agree to comply soper and complete performance of my duties, and I my position as registered agent as provided for in C Registered Agent's Signature	he appointment with the provisi am familiar wit	as ons of all th and
Article IV - Manageme	ent (Check box if applicable.)		4 %-
	ty Company is to be managed by one manager or n	nore managers	and is,
therefore, a manager - m	nanaged company.	=	
· <u>-</u>	ditional article must be added if an effective date is Signature of a member of an authorized representative of (In accordance with section 608.408(3), Florida Statutes, the of this document constitutes an affirmation under the penalti that the facts stated herein are true.) Timothy J. Murphy – Assistant Secretary	of a member. execution ies of perjury	·
	Typed or printed name of signee FILING FEES: \$ 100.00 Filing Fee for Articles of Organization		£
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL)	_ 	