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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12 APR 20 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 23 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longleaf Hospice L.L.C.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

E. Phillip Stone, President and CEO
Name of Person

Longleaf Hospice L.L.C.
Firm/Company

2712 Lawrenceville Highway, Suite 200
Address

Decatur, GA 30033
City/State and Zip Code

phil.stone@longleafhospice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. June Vickers, Paralegal
Greenberg Traurig, P.A. at (850) 222-6891
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRET
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Longleaf Hospice L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Georgia 3. 35-2336819
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 15, 2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 213 East Wright Street, Pensacola, FL 32501

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

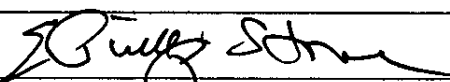
9. The name and usual business addresses of the managing members or managers are as follows:

E. Phillip Stone, President and CEO
Longleaf Hospice L.L.C.
2712 Lawrenceville Highway, Suite 200
Decatur, GA 30033

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TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Hospice


Signature of a member or an authorized representative of a member.

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

E. Phillip Stone, President and CEO
Typed or printed name of signee

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Longleaf Hospice L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

Tim Buttell
(Name)

213 East Wright Street
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Pensacola FL 32501
City/State/Zip

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SEC. OF STATE
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 as provided for in Chapter 608, Florida Statutes.


Tim Buttell (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 120417501
CONTROL NUMBER : 08039170
DATE INC/AUTH/FILED: 05/17/2008
JURISDICTION : GEORGIA
PRINT DATE : 04/17/2012
FORM NUMBER : 211

GREENBERG TRAURIG, P.A.
JUNE VICKERS
GIGI GRAY
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301

FILED
12 APR 20 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

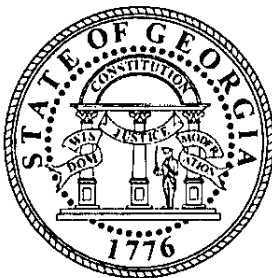
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LONGLEAF HOSPICE L.L.C.
A DOMESTIC LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P. Kemp

Brian P. Kemp
Secretary of State

**Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 120417500
CONTROL NUMBER : 08039170
DATE INC/AUTH/FILED: 05/17/2008
JURISDICTION : GEORGIA
PRINT DATE : 04/17/2012
FORM NUMBER : 215

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GREENBERG TRAUIG, P.A.
JUNE VICKERS
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301

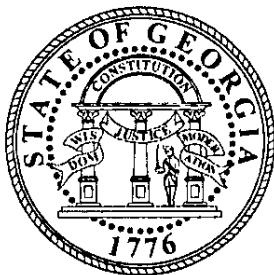
CERTIFIED COPY

I, Brian P. Kemp, the Deputy Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

**LONGLEAF HOSPICE L.L.C.
A DOMESTIC LIMITED LIABILITY COMPANY**

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the date set forth above its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



B: P. Kemp

Brian P. Kemp
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporation Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

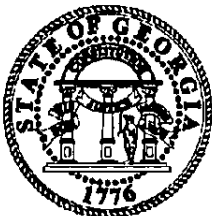
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TALLAHASSEE, FLORIDA

I, Karen C Handel, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

Longleaf Hospice L.L.C.

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **May 15, 2008** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on May 15, 2008

A handwritten signature in cursive script, appearing to read 'Karen C Handel'.

Karen C Handel

Secretary of State

Control No: 08039170
Date Filed: 05/15/2008 03:55 PM
Karen C Handel
Secretary of State

May 15, 2008

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

The name of the Limited Liability Company is:

Longleaf Hospice L.L.C.

The principal mailing address of the Limited Liability Company is:

2712 Lawrenceville Highway, Suite 200
Decatur, GA 30033

The Registered Agent is:

C T CORPORATION SYSEM
1201 PEACHTREE ST NE
ATLANTA, GA 30361

County: Fulton

The name and address of each organizer(s) are:

Meredith A Mlynar
171 17th Street, NW, Suite
2100
Atlanta, GA 30363

The optional provisions are:

No optional provisions.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the date set forth below.

Signature(s):

Organizer, Meredith A Mlynar

Date:

May 15, 2008