

W4000065949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

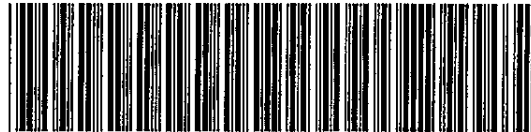
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/2

FLIC

Office Use Only



200040448122

09/02/04--01042--012 **125.00

MJH

FILED
04 SEP -2 PM 1:11
TALLAHASSEE FLORIDA

LAW OFFICES
OUGHTERSON, SUNDHEIM, & WOODS, P.A.

310 SW OCEAN BOULEVARD
STUART, FLORIDA 34994-2007
PHONE: (772) 287-0660 FAX: (772) 287-0422 E-MAIL: oswpa@bellsouth.net

FREDERICK G. SUNDHEIM, JR.
WALTER C. WOODS*

WM. A. OUGHTERSON
OF COUNSEL

*BOARD CERTIFIED REAL ESTATE LAWYER

SANDRA L. SUNDHEIM-STRAUSBAUGH

August 30, 2004

Division of Corporations
Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

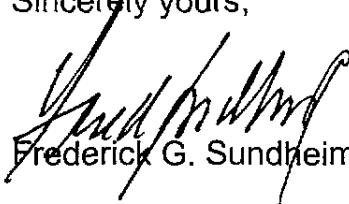
RE: Healthtan of the Treasure Coast, LLC

Dear Sirs:

I have enclosed a check in the amount of \$125.00 to cover your filing fee and obtaining a certified copy of the enclosed Articles of Organization for the above limited liability company.

Once the Articles have been filed, please return the copy to my office marked as filed.

Sincerely yours,



Frederick G. Sundheim, Jr.

FGS:sn
Encls.
B-564B
cc: Carla Barger

**ARTICLES OF ORGANIZATION
FOR
HEALTHTAN OF THE TREASURE COAST, LLC**

**Article I
Name**

The name of the Limited Liability Company is HEALTHTAN OF THE TREASURE COAST, LLC.

**Article II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is 2261 Sw Starling Dreive, Palm City, Florida 34990.

**Article III
Duration**

The period of duration for the Limited Liability Company shall commence upon the date of execution hereof. The Limited Liability Company shall exist for thirty (30) years from such date unless sooner terminated.

**Article IV
Management**

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

Carla Bargerion	2261 SW Starling Drive
	Palm City, FL 34990

**Article V
Registered Agent, Registered Office, and Registered Agent's Signature**

The name and the Florida Street address of the registered agent are:

FILED
04 SEP -2 PM 1:11
TALLAHASSEE FLORIDA

CARLA BARGERON
2261 SW Starling Drive
Palm City, FL 34990

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 as registered agent as provided for in Chapter 608, Florida Statutes.


CARLA BARGERON

Article VI
Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: The admission of new members shall be solely by majority vote (in interest) by the existing members, or as otherwise provided in the Agreement of Operation or Regulations.

Article VII
Members Rights to Continue Business

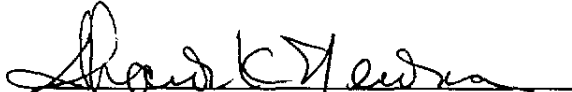
The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability companies shall be by majority vote of the members.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of HEALTHTAN OF THE TREASURE COAST, LLC, effective this 30 day of August, 2004.

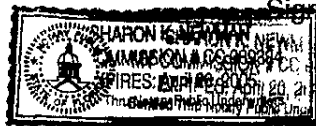

CARLA BARGERON, Member

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 30 day of
August, 2004, by CARLA BARGERON.



Signature of Notary Public



Print, type or stamp commissioned
name of Notary Public

Personally known ☒ or produced identification _____.

Type of Identification Produced _____