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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida Health Team, LLC

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- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ☒ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☒ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____

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ARTICLES OF ORGANIZATION
OF
FLORIDA HEALTH TEAM, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of the Limited Liability Company is FLORIDA HEALTH TEAM, LLC.

ARTICLE II
ADDRESS

The mailing address of the Limited Liability Company's principal office is: 1306 Preservation Way, Oldsmar, FL 34677.

The street address of the Limited Liability Company's principal office is: 1306 Preservation Way, Oldsmar, FL 34677.

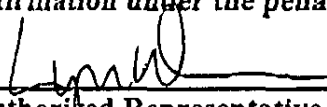
ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

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



Authorized Representative

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

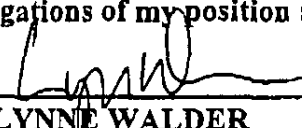
The name of the limited liability company is **FLORIDA HEALTH TEAM, LLC.**

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

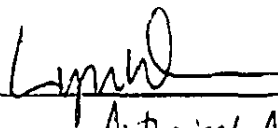
LYNNE WALDER, ESQ.
777 S. HARBOPUR ISLAND BLVD.
TAMPA, FL 33602

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.

FLORIDA HEALTH TEAM, LLC



LYNNE WALDER
Registered Agent

By: 

Authorized Agent