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TILEU SECRETARY OF STATE

C. LEWIS

JUL 2 2010

EXAMINER

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

June 25, 2010

To Whom It May Concern,

I am requesting the name "Healthcare Management Network LLC", which could also be shortened to or referred to as "HMN", for the purpose of providing executive search services to the hospitals of the United States. The primary focus is intended to provide "Nurse Managers" from "First Line Supervisors" up to the "Executive Suite" from a virtual office environment, thus allowing the associates to work from their home offices.

The company will begin as a sole proprietor with others being added as soon as practical. The goal will be to become a full service talent provider eventually adding searching services for Doctors, Accounting, Purchasing, Engineering, Maintenance, etc., as we grow.

If you have any further questions or need additional information, please contact me at my home office at the information provided below.

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Sincerely,

Douglas C. Hauger, CM, CPC

4421 Cordia Circle

Coconut Creek, FL 33066

954-333-8757

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## **COVER LETTER**

**Registration Section** 

Division of Corporations
SUBJECT: Healthcare Management Network L Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Douglas C Hauger Name of Person
Healthcare Management Network L
4421 Cordia Circle
Coronut Creek, FL 33066
City/State and Zip Code  City/State and Zip Code  Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1 of further information concerning this matter, piease can.
Name of Person at (954) 333-8757 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee \$ Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Healthcare Management Network LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  Mailing Address:	
4421 Cordia Circle 5ame Coconut Creek, FL 33066	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:    Angle	アニアロ
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, F.S	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

FILED

2010 JUL - 1 PM @ 83 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)