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Passley, Tami

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444
Attn: Tami D. Passley

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kwhite@ahg-group.com

FLORIDA LIMITED LIABILITY CO.

Raziel Health Florida, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION
OF
RAZIEL HEALTH FLORIDA, LLC**

ARTICLE I - NAME

The name of this limited liability company is RAZIEL HEALTH FLORIDA, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 700 West Morse Boulevard, Suite 220, Winter Park, Florida 32789.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Amanda F. Wilson.

ARTICLE IV - MANAGEMENT

The Company is manager-managed for purposes of Section 605.0407, Florida Statutes, and other relevant provisions of Chapter 605, Florida Statutes, and the initial manager of the Company is Raziel Health, Inc., 700 West Morse Boulevard, Suite 220, Winter Park, Florida 32789.



Amanda F. Wilson, Authorized Representative of a
Member

ACCEPTANCE OF REGISTERED AGENT

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 605, Florida Statutes.



Amanda F. Wilson

RAZIEL HEALTH, LLC
700 West Morse Blvd., Suite 220
Winter Park, Florida 32789

January 27, 2021

New Filing Section
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Articles of Organization of Raziel Health Florida, LLC

Dear Sir or Madam:

Attached is the Articles of Organization of Raziel Health Florida, LLC. Please be advised that Raziel Health, LLC gives its consent to the use of this similar name in the formation of Raziel Health Florida, LLC. Raziel Health, LLC and Raziel Health Florida, LLC will be affiliated entities under common control.

Sincerely yours,

RAZIEL HEALTH, LLC

By: 

Name: Amanda F. Wilson

Title: Authorized Representative