L11000004455

(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:

Office Use Only

300190712473

01/10/11--01036--027 **160.00

FILED
11 JAN 10 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 11 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ACADEMY4HEALTH BOCA RATON, LLC.
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:

GEORGE G. MCDERMOTT
Name of Person

ACADEMY4HEALTH BOCA RATON, LLC.
Firm/Company

600 NE 26TH COURT
Address

POMPANO BEACH, FL 33064
City/State and Zip Code

DRGEORGEPHD@AOL.COM
E-mail address: (to be used for future annual report notification)

FILED
11 JAN 10 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GEORGE G. MCDERMOTT at (954) 773-6857
Name of Person — Area Code & Daytime Telephone Number

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 (additional copy is enclosed)
☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ACADEMY4HEALTH BOCA RATON, 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:**
600 NE 26TH COURT POMPANO BEACH, FL 33064	600 NE 26TH COURT POMPANO BEACH, FL 33064

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:

GEORGE G. MCDERMOTT
Name

600 NE 26TH COURT
Florida street address (P.O. Box **NOT** acceptable)

POMPANO BEACH FL 33064
City, State, and Zip

FILED
11 JAN 10 PM 4:23
SECRETARY 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, F.S..

George G. McDermott
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR GEORGE G. McDERMOTT	600 NE 26TH COURT POMPANO BEACH, FL 33064
MGR ERNEST M. DIGERONIMO	19495 BISCAYNE BLVD. SUITE 200 AVENTURA, FL 33180

FILED
11 JAN 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

George G. McDermott

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. 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.*)

GEORGE G. McDERMOTT

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)