

L0000000 4215

9803 Gingerwood Drive
Tampa, FL 33626
April 7, 2000

Registration Section
Division of Corporations
Florida Dept of State
409 E Gaines St
Tallahassee, FL 32399

100003201621--3
-04/10/00--01111--017
****346.25 ****160.00

Dear Section:

Attached, please find the completed application for LLC designation of Jovid Healthcare Solutions.

A check in the amount of \$346.25 is also attached to cover the following fees:

- Filing fee
- Designation fee
- Certified copy fee
- Certificate of Status fee

If you have any questions, please call me at the following:

813-920-8430.

Thank you.

Sincerely,



Eric Goldstein

FILED
00 APR 10 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	
Availability	
Document	
Examiner	DCC
Printer	DCC
Updater	
Verifier	DCC
Account	
Payment	DCC
P. Verifier	DCC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOVID HEALTHCARE SOLUTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

~~9803~~ 9803 GINGERWOOD DRIVE
TAMPA, FL 33626

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

ERIC GOLDSTEIN
9803 GINGERWOOD DR
TAMPA, FL 33626

ERNI B. GOLDSTEIN
9803 GINGERWOOD DR
TAMPA 33626

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - 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:

IMMEDIATE FAMILY MEMBERS AND/OR THEIR CHILDREN
THAT ARE CONSIDERED HEIRS

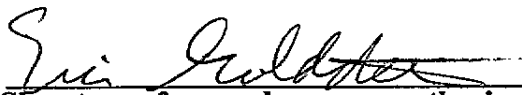
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ARTICLE VI - Members Rights to Continue Business:

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 company shall be:

HEIRS, AS DEFINED BY WILL OR TRUST
SHALL HAVE POWER TO CONTINUE BUSINESS

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ERIC GOLDSTEIN

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: JOVID HEALTHCARE
SOLUTIONS, LLC

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

ERIC GOLDSTEIN
NAME

9803 GINGERWOOD DR
Florida street address (P. O. Box **NOT** ACCEPTABLE)

TAMPA FL 33626
CITY, STATE AND ZIP

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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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent