

Health Educ of America  
1645 Ridge View Ln.  
Palm Harbor, FL 34683

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

800003451158--E  
-11/03/00--01047--004  
\*\*\*\*160.00 \*\*\*\*160.00

1. HEALTH EDUCATION (Corporation Name) OF AMERICA (Document #) 1-13682
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

## Filing Fees:

1. \$100.00 Filing Fee for Article of Organization
2. \$25.00 Designation of Registered Agent
3. \$30.00 certified copy
4. \$15.00 certificate of State

FILED  
NOV -3 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Total \$160.00 enclosed.

James C. Smith Registered Agent  
(727) 785-0463  
Cell (727) 403-0278

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name:

The name of the Limited Liability Company is:  
Health Education of America, L.L.C.

## ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:  
1043 Ridge View Lane  
Palm Harbor, Florida 34683

## ARTICLE III – Registered Agent, Registered Office, Registered Agent's Signature:

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

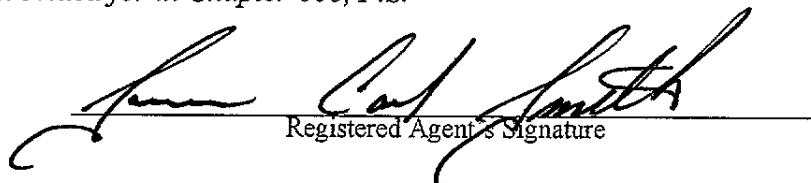
James Carl Smith  
Name

1043 Ridge View Lane  
Florida street address (P.O. Box NOT acceptable)

Palm Harbor, Florida 34683  
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 as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

## ARTICLE IV – Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

  
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.)

James Carl Smith