

L010000 14706

TRANSMITTAL LETTER

August 23, 2001

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 487-6052

900004558459--7
-08/27/01--01110--006
****125.00 ****125.00

SUBJECT: COASTAL HEALTH MANAGEMENT, L.L.C.

Enclosed are an original and one (1) copy of ARTICLES OF ORGANIZATION for the above stated Florida Limited Liability Company and a check for:

✓ \$125.00 Filing Fee & Registered Agent Fee made payable to the Florida Department of State.

FROM:

Robert Henry

3235 N. State Rd 7

Margate, FL 33063

954-977-4889

Daytime Telephone number

FILED
1 AUG 27 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01-14706
QR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coastal Health Management, L.L.C.

ARTICLE II - Address:

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

3235 N. State Rd 7

Margate FL 33063

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert A. Henry

Name

3235 N State Rd 7

Florida street address (P.O. Box NOT acceptable)

Margate

FL

33063

City, State, and Zip

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.

Robert A. Henry

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Robert A. Henry

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.)

Robert A. Henry

Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
01 AUG 27 PM 5:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA