

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875

Fax Number : (302)575-0925

12/27 Ulst

-LIMITED LIABILITY COMPANY

THEREX CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ! - Name:

The name of the Limited Liability Company is: THEREX CARE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1940 Harbor Lane, Naples, Florida 34104

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

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

Agents and Corporations, Inc. Suite E, 773 4th Avenue North Naples. FL 34102

Having been named as registered agent and to accept services of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the papeointment 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 the 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 manager or more managers and is, therefore, a manager – managed company.

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

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

(in accordance with section 608,408(3). Florida Statutes, the execution of this document constitutes on affirmation under the permittee of perjury that the form stated harain are bugs.

Luc Michiels

Typed or printed rames of signes