

L03000013582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

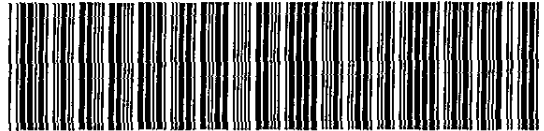
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 APR 16 AM 9:58
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

BK

April 3, 2003

Dr. Jorge A. Chavez

PO Box 46461

Tampa, FL 33647

ENCLOSED PAYMENT:

\$100 FILING FEE
25 REGISTERED AGENT
5 CERT. OF STATUS

FL Dept. of State Division of Corps.

P.O. Box 6327

Tallahassee, FL 32314

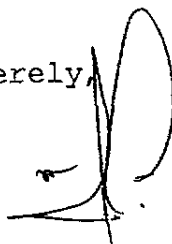
LLC Filings Office:

Please reserve the following proposed limited liability company name for my use for the allowable period specified under state law: American Academy of Health Sciences.

I enclose a check in payment of the reservation fee. Please send a certificate, receipt for payment, or other acknowledgment or approval of my reservation request to me at my address shown above.

Thank you for your assistance.

Sincerely,



Jorge A. Chavez, RN, PhD

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APR 16 AM 9:58
TALLAHASSEE, FLORIDA
DEPT. OF STATE

Enclosures: check for reservation fee; stamped, self-addressed envelope



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 8, 2003

JORGE A. CHAVEZ
P.O. BOX 46461
TAMPA, FL 33647

SUBJECT: AMERICAN ACADEMY OF HEALTH SCIENCES, LLC
Ref. Number: W03000009864

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03 APR 16 PM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN ACADEMY OF HEALTH SCIENCES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

We are sorry to have to return your documents, but the LLC law requires that you state a PRINCIPAL OFFICE ADDRESS and a MAILING ADDRESS for the limited liability company. Please revise your Article II, and please list these two addresses. Your ARTICLE III Correctly lists the name and street address of the Registered Agent. The Registered Agent should not be mentioned in Article II.

We are enclosing our LLC FORM which you may use as a guide.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 403A00020817

Articles of Organization
of
AMERICAN ACADEMY OF HEALTH SCIENCES

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

Article I. The name of this limited liability company is **American Academy of Health Sciences, LLC.**

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

American Academy of Health Sciences

P.O. Box 46461

Tampa, FL 33647

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STATE
TALAMASEE, FLORIDA

Article III. The name and the Florida street address of the registered agent is:

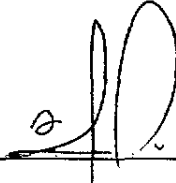
Dr. Jorge A. Chavez

14442 Reuterstrasse Circle #1

Tampa, FL 33647

Having been named as the 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 Signature

(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.)

Dr. Jorge A. Chavez

Typed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV. The purposes for which this limited liability company is organized are:

1. Design Continuing education programs for health care workers.
2. Serve as a forum for the dissemination of health care knowledge.
3. Recognize individual and organizational accomplishments in the furthering of health care excellence.

Article V. The period of duration of the limited liability company shall be perpetual.

Article IV. The management of this limited liability company is reserved to the founder and president and to those managers to whom such responsibility is delegated. The names and addresses of its founder and president is:

Dr. Jorge A. Chavez

P.O. Box 46461

Tampa, FL 33647

In Witness Whereof, the undersigned organizer of this Limited Liability Company has signed these articles of organization on the date indicated.

DATE: April 4, 2003

Signature:

A handwritten signature in black ink, appearing to be 'Jorge A. Chavez', written over a horizontal line.

Jorge A. Chavez, RN, PhD, Organizer