

L03000026431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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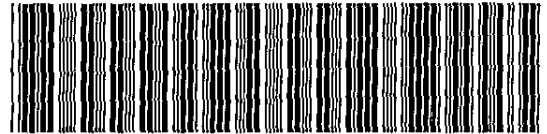
(Business Entity Name)

(Document Number)

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03 JUL 18 PM 1:03
DIVISION OF CORPORATION

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03 JUL 18 PM 3:21
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY"

ACCOUNT NO. : 072100000032

REFERENCE : 173902 11977A

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
03 JUL 18 PM 3:21
STATE
FILING OFFICE FLORIDA

ORDER DATE : July 18, 2003

ORDER TIME : 10:37 AM

ORDER NO. : 173902-005

CUSTOMER NO: 11977A

CUSTOMER: Ms. Jill Wood
Wilson & Iseman, L.l.p.

Suite 400
110 Oakwood Drive
Winston-salem, NC 27103

DOMESTIC FILING

NAME: HELPING HANDS MEDICAL
EQUIPMENT, LLC

EFFECTIVE DATE: -

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Helping Hands Medical Equipment, LLC

ARTICLE II - Address:

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

Mailing Address:

Helping Hands Medical Equipment, LLC
P.O. Box 396
Pineland, FL 33945

Principal Office:

Helping Hands Medical Equipment, LLC
4591 Oyster Shell Drive
North Captiva, FL 33924

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee, FL 32301

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 any duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Carla Lohi

Carla Lohi
Asst. Vice President

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.

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

James M. Iseman, Jr.

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 M. Iseman, Jr.

Typed or Printed Name of Signee

FILING FEES:

\$125.00 Filing Fee for Article of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Statute (Optional)