

L03000028133

FILED
03 JUL 29 PM 1:07

STATE
TALLAHASSEE, FLORIDA



300021688363

07/25/03--01016--004 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

AL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 JUL 25 PM 1:07
TALLAHASSEE, FLORIDA

SUBJECT: Health-Aid, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Murray
(Name of Person)

Health-Aid, LLC
(Firm/Company)

13708 Staghorn Road
(Address)

Tampa, Florida 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Gordon at (617) 670-9689
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
03 JUL 25 PM 1:07

ARTICLE I - Name:

The name of the Limited Liability Company is:
Health-Aid, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

13708 Staghorn Road
Tampa, Florida 33626

Mailing Address:

13708 Staghorn Road
Tampa, Florida 33626

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

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

Heather Murray

Name

13708 Staghorn Road

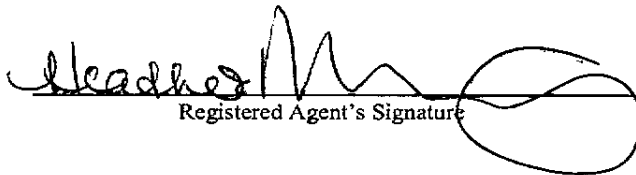
Florida street address (P.O. Box **NOT** acceptable)

Tampa, Florida 33626

FL

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..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

03 JUL 25 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jonathan Gordon

1 Huntington Avenue, Unit 707

Boston, Massachusetts 02116

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Jonathan Gordon

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)