

W03000031550

(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



500022303115

08/20/03--01047--018 **125.00

EFFECTIVE DATE

9-1-03

FILED

W03-31550
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMUNITY HEALTH PARTNERS, LLC

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

Please return all correspondence concerning this matter to the following:

JOANNA MULDER
CONSULT CARE, INC.
1202 TECH BLVD, SUITE 100
TAMPA, FL 33619

For further information concerning this matter, please call

GAYLA B. RUSSELL, CPA at (813) 251-5094

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 DEC 20 PM 2:05

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

COMMUNITY HEALTH PARTNERS, LLC

ARTICLE II

The mailing address of the Limited Liability Company is:

1202 TECH BLVD, SUITE 100
TAMPA, FL 33619

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

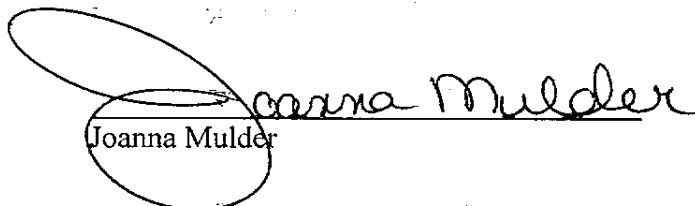
ARTICLE IV

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

JOANNA MULDER
1202 TECH BLVD
SUITE 100
TAMPA, FL 33619

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.

Registered Agent Signature


Joanna Mulder

FILED
03/13/20 PM 2:10
TAMPA COUNTY CLERK
TAMPA, FLORIDA

RECEIVED DATE
9-1-03

ARTICLE V

The name and address of managing members/managers are:

Title: Managing Members

JOANNA MULDER
1202 TECH BLVD, SUITE 100
TAMPA, FL 33619

MAUREEN MURRAY
1202 TECH BLVD, SUITE 100
TAMPA, FL 33619

MAXINE MICHAEL
1202 TECH BLVD, SUITE 100
TAMPA, FL 33619

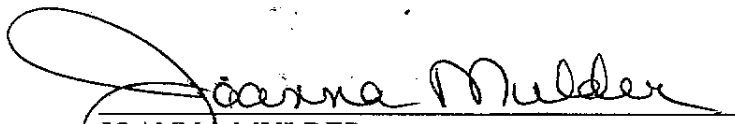
FILED
2003 SEP 1 2:00
TAMPA FL 33619

ARTICLE VI

The effective date for this Limited Liability Company shall be:

September 1, 2003

Signature of member:


JOANNA MULDER

(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.)