

L030000 51601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

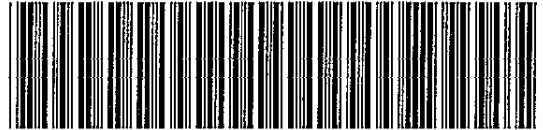
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/10/03
not



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 20, 2003

MS. CHRIS J. LATSON
6958 KNIGHTSWOOD DRIVE
ORLANDO, FL 32818

SUBJECT: OPTIMUM HEALTHCARE SYSTEM, LLC
Ref. Number: W03000034839

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for OPTIMUM HEALTHCARE SYSTEM, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

There is a balance due of \$125.00.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 803A00063056

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

ARTICLE I - Name:
OPTIMUM HEALTHCARE SYSTEM, LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**6958 knightswood Drive
Orlando, FL 32818**

Mailing Address:

**6958 knightswood Drive
Orlando, FL 32818**

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

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

**Ms. Chris J. Latson
6958 Knightswood Drive
Orlando, FL 32818**

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..

(Ms) Chris J. Latson

Registered Agent's Signature

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

1. MGR

Ms. Christ J. Latson
6958 Knightswood Drive
Orlando, FL 32818

2. MGR

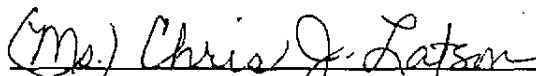
Mr. Okechukwu E. Asia
6958 Knightswood Drive
Orlando, FL 32818

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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

(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.)

Ms. Chris J. Latson

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)