

L04000002108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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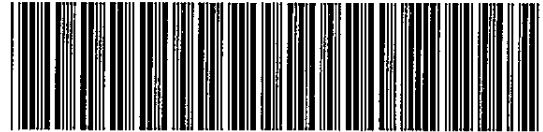
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 387716 7233219

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

ORDER DATE : January 8, 2004

ORDER TIME : 11:43 AM

ORDER NO. : 387716-025

CUSTOMER NO: 7233219

CUSTOMER: Ms Sally Harris
Home Quality Management, Inc.

Suite 155
2401 Pga Boulevard
Palm Beach Gard, FL 33410

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DOMESTIC FILING

NAME: HQM OF TARPON SPRINGS, 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: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

OF

HQM OF TARPON SPRINGS, LLC

We, the undersigned, being the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

HQM OF TARPON SPRINGS, LLC

ARTICLE II
ADDRESS

The mailing address and the principal office address is:

2401 PGA Boulevard, Suite 155
Palm Beach Gardens, Florida 33410

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Members and is, therefore, a member-managed company.

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

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IN WITNESS WHEREOF, the undersigned, the Members, have made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 8 day of January, 2004.


SANDRA ADAMS, Authorized Representative
of the Members

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

HQM OF TARPON SPRINGS, LLC

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

Sandra L. Adams
2401 PGA Boulevard, Suite 155
Palm Beach Gardens, Florida 33410

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.


Sandra L. Adams, Registered Agent