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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Family Health Designed, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Family Health Designed, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

621 E. Woolbright Rd. Ste. 103

621 E. Woolbright Rd. Ste. 103

Boynton Beach, FL 33435

Boynton Beach, FL 33435

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

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

Maria P. Fitzgerald

Name

621 E. Woolbright Rd. Ste. 103

(P.O. Box or Mail Drop Box NOT Acceptable)

Boynton Beach, FL 33435

(City / State / 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.

X

Maria P. Fitzgerald

Registered Agent's Signature - Maria P. Fitzgerald

H04000015713

Title:

Name and Address:

"MGRM" = Managing Member

MGR

Maria P. Fitzgerald - 621 E. Woolbright Rd. Ste. 103, Boynton Beach, FL 33435

REQUIRED SIGNATURE:

X

Signature of a member or 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.)

Maria P. Fitzgerald

Typed or printed name of signee

04 JUN 22 00:00Z
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