

LO4000030077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DCC

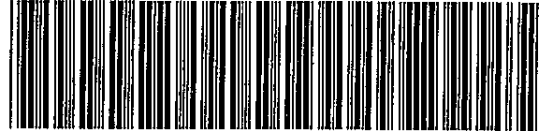
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04 APR 14 PM 4:19

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SECRETARY OF STATE
CORPORATIONS

Registration Section
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Re: Private Providers Association of Florida (PPAOF), LLC

To Whom it May Concern,

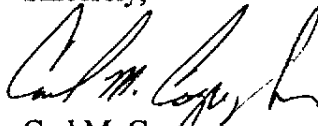
The enclosed Articles of Organization and fee(s) are submitted for filing:

Please return all correspondence concerning this matter to the following:

Carl M. Coger, Sr.
8584 Old Plank Road
Jacksonville, FL 32220

For further information concerning this matter, please call Carl M. Coger at (904) 981-9383.

Sincerely,



Carl M. Coger

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is: Private Provider Association of Florida (PPAOF), LLC.

ARTICLE II

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

Principal Office Address:

8584 Old Plank Road
Jacksonville, FL 32220

Mailing Address:

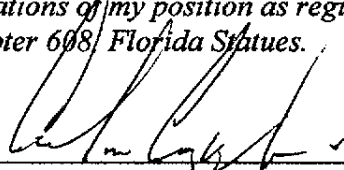
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ARTICLE III

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

Carl M. Coger, Sr.
8584 Old Plank Road
Jacksonville, FL 32220

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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, Florida Statutes.



Registered Agent's Signature

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CORPORATIONS
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ARTICLE IV

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

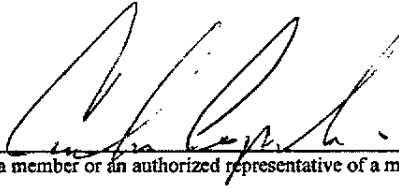
Title:

Name and Address:

MGRM

Carl M. Cogger, Sr.
8584 Old Plank Road
Jacksonville, FL 32220

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.)

CARL M. COGGER, SR.

Typed or printed name of signee

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