

# L04000030095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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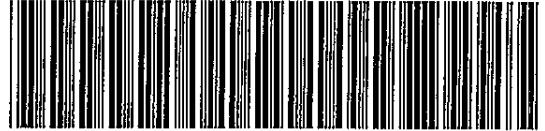
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Technical Health, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Summer S. Knight  
(Name of Person)

Technical Health, LLC  
(Firm/Company)

PO Box 3783  
(Address)

Tallahassee, FL 32315-3783  
(City/State and Zip Code)

For further information concerning this matter, please call:

Summer Knight at ( 850 ) 545-7480  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Technical Health, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

700 Merritt Lane

Havana, FL 32333

**Mailing Address:**

PO Box 3783

Tallahassee, FL 32315-3783

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

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

Summer Knight

Name

700 Merritt Lane

Florida street address (P.O. Box **NOT** acceptable)

Havana,

FLORIDA 32333

City, State, and Zip

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*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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

