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04/11/04 PM 3:43

W04-12595

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Choice Private Care, 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:

John E. Clontz
(Name of Person)

Health Essentials Solutions, Inc.
(Firm/Company)

9510 Ormsby Station Rd. Suite 101
(Address)

Louisville, Ky 40223
(City/State and Zip Code)

For further information concerning this matter, please call:

John E. Clontz at (502) 429 7778
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 31, 2004

JOHN E. CLONTZ
HEALTH ESSENTIALS SOLUTIONS, INC.
9510 ORNNSBY STATION RD., SUITE 101
LOUISVILLE, KY 40223

SUBJECT: BEST CHOICE PRIVATE CARE, LLC
Ref. Number: W04000012595

We have received your document for BEST CHOICE PRIVATE CARE, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

The registered agent must sign accepting the designation.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 704A00021158

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Best Choice Private CARE, LLC

ARTICLE II - Address:

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

Principal Office Address:

3258 Parkside Center Circle

Tampa FL 33619

Mailing Address:

9510 Ormsby Station Rd.

Suite 101

Louisville, KY 40223

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

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

Denise Bellville
Name

3258 Parkside Center Circle
Florida street address (P.O. Box NOT acceptable)

Tampa FLORIDA 33619
City, State, and 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, Florida Statutes..

Denise Bellville
Registered Agent's Signature

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:

MGRM

HEALTH Essentials Solutions, Inc.
9510 ORMSBY Station Rd. Suite 101
Louisville, Ky 40223

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

John E. Clontz, Secretary/General Counsel

Signature of a member or an authorized representative of a member.

Health Essentials Solutions, Inc.
(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.)

John E. Clontz

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)