

L040 0004111109

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(City/State/Zip/Phone #)

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06/22/04--01003--010 \*\*25.00

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04 JUN 21 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JB  
6-22-04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Solutions Innovation, 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)

Health Solutions Innovation, LLC  
(Firm/Company)

Post Office Box 3783  
(Address)

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

For further information concerning this matter, please call:

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

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TALLAHASSEE, FLORIDA

**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

June 16, 2004

SUMMER S. KNIGHT  
HEALTH SOLUTIONS INNOVATION, LLC  
PO BOX 3783  
TALLAHASSEE, FL 32315-3783

SUBJECT: HEALTH SOLUTIONS INNOVATION, LLC  
Ref. Number: W04000023203

We have received your document for HEALTH SOLUTIONS INNOVATION, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

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.

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 304A00040237

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Health Solutions Innovation, 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:**

Post Office 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 S. 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

**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

Summer S. Knight

Post Office Box 3783

Tallahassee, FL 32315-3783

(Use attachment if necessary)

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

**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.)

Summer S. Knight

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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)