

L040000P3463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700040121867

11/18/04--01011--001 **155.00

RECEIVED
16 NOV 18 AM 8:44
TALLAHASSEE, FLORIDA

FILED
04 NOV 18 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN NOV 18 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete HealthCare, 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:

Andrea V. Nelson, Esquire
(Name of Person)

Nelson Law Firm, PLC
(Firm/Company)

251 E. Harrison Street, Ste. 300
(Address)

Tallahassee, FL 32358
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea V. Nelson, Esquire at (850) 224-5700
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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

FILED
04 AUG 18 PM 3:12
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Complete HealthCare, LLC

ARTICLE II - Address:

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

Principal Office Address:

40 E.L. Franklin Drive
Suite B
Sopchoppy, FL 32358

Mailing Address:

40 E.L. Franklin Drive
Suite B
Sopchoppy, FL 32358

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

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

Andrea V. Nelson, Esquire

Name

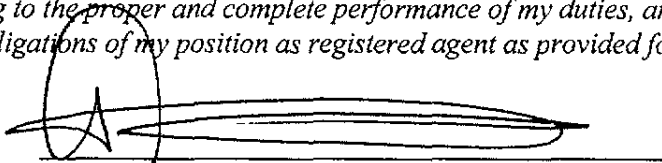
251 E. Harrison Street, Ste. 300

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

Tallahassee, FL 32301 FL

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, F.S..



Registered Agent's Signature

(CONTINUED)

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

Krystal A. Franklin
40 E.L. Franklin Drive, Ste. B
Sopchoppy, FL 32358

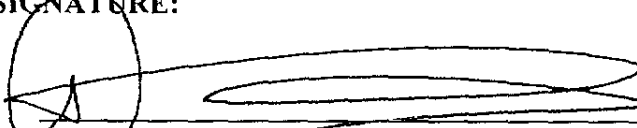
MGRM

Fiona M. Lindo
40 E.L. Franklin Drive, Ste. B
Sopchoppy, FL 32358

(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.)

Andrea V. Nelson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)