

W500003043

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(Address)

(Address)

(City/State/Zip/Phone #)

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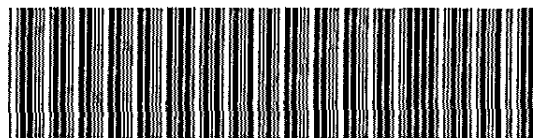
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

HEALTH WORKS, 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:

DARIUS SIDEBOTHAM  
(Name of Person)

HEALTH WORKS, LLC  
(Firm/Company)

501 SE 2ND STREET, #1425  
(Address)

FT. LAUDERDALE, FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

DARIUS SIDEBOTHAM  
(Name of Person)

at ( 954 ) 524.9793  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTH WORKS, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

501 SE 2ND STREET, #1425  
FT. LAUDERDALE, FL 33301

#### Mailing Address:

501 SE 2ND STREET #1425  
FT. LAUDERDALE, FL 33301

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

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

DARIUS SIDEBOTHAM

Name

501 SE 2ND STREET, #1425

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

FT. LAUDERDALE FL 33301

City, State, and Zip

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF BROWARD  
FLORIDA

*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

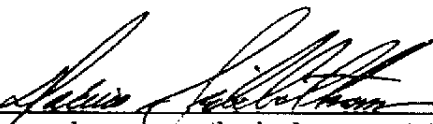
**Name and Address:**

<u>MGRM</u>	<u>DARIUS SIDEBOTHAM</u> <u>801 SE 2ND ST. # 1425</u> <u>FT. LAUDERDALE, FL 33301</u>
<u>MGRM</u>	<u>IRENE VERNON</u> <u>8010 NAOMAK AVE</u> <u>BOCA RATON, FL 33434</u>
<u> </u>	<u> </u>
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(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.)

DARIUS SIDEBOTHAM  
\_\_\_\_\_  
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)