

L65000041313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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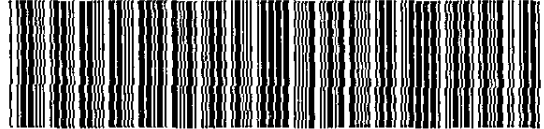
(Business Entity Name)

(Document Number)

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FILED
05 APR 27 PM 12:38
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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

FILED
05 APR 27 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 337425 7365197

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 155.00

ORDER DATE : April 26, 2005

ORDER TIME : 4:40 PM

ORDER NO. : 337425-005

CUSTOMER NO: 7365197

CUSTOMER: Ms. Kathleen R. Casey
Wellcare Companies

P. O. Box 25735

Tampa, FL 33622-5735.

DOMESTIC FILING

NAME: COMPREHENSIVE LOGISTICS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Comprehensive Logistics, LLC

ARTICLE II - Address:

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

Principal Office Address:

8735 Henderson Road, Renaissance Two

Tampa, FL 33634

Mailing Address:

P.O. Box 25735

Tampa, FL 33622-5735

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FLORIDA 32301

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..

Corporation Service Company

BY: Cynthia L. Harris
Registered Agent's Signature

**Cynthia L. Harris
as its agent**

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:

Manager

Todd S. Farha

8735 Henderson Road, Renaissance Two
Tampa, FL 33634

Manager

Paul L. Behrens

8735 Henderson Road, Renaissance Two
Tampa, FL 33634

Manager

Thaddeus Bereday

8735 Henderson Road, Renaissance Two
Tampa, FL 33634

Manager

David K. Smith

8735 Henderson Road, Renaissance Two
Tampa, FL 33634

(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.)

By: Thaddeus Bereday

Typed or printed name of signer

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)