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(Requestor's Name)

Anthony P. Valente, Jr., Esquire
770 Second Avenue South
St. Petersburg, FL 33701

(City/State/Zip/Phone #)

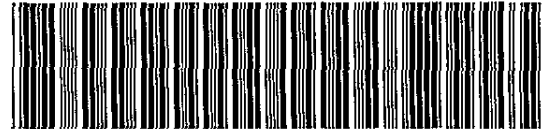
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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Anthony P. Valente, Jr., Esquire

Attorney and Counselor at Law

770 Second Avenue South
St. Petersburg, Florida 33701

Anthony P. Valente, Jr.

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May 31, 2003

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Health Support, LLC.,
My File No: 05-037

To Whom It May Concern:

Enclosed please find for filing Articles of Organization for Florida Limited Liability Company, along with my check in the amount of \$160.00 representing the \$100.00 filing fee for the articles, \$25.00 for the designation of registered agent fee, \$30.00 for certified copies, and \$5.00 for a certificate of status.

After filing, please forward the articles and all other documentation to me at the address given above.

Feel free to call with any questions or comments you may have in regard to the foregoing. Thanking you again for your time and attention in this matter, I remain

Very truly yours,


Anthony P. Valente, Jr.

APV/krh
Encs.
cc: client

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is: Health Support, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5621 Park Street North, St. Petersburg, Florida 33709.

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

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

Anthony P. Valente, Jr., Esquire
770 Second Avenue South
St. Petersburg, FL 33701

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

(An additional article must be added if an effective date is requested)



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 affirmation under the penalties of perjury that the facts stated herein are true.)

Charles L. Sciandra

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)

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