

LOS000065032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

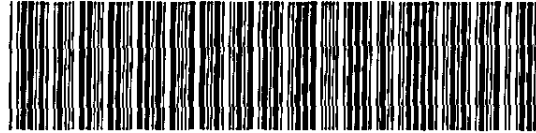
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XO HEALTH, 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:

STEVEN G. MILLER
ATTORNEY AT LAW
4800 NORTH FEDERAL HIGHWAY (Name of Person)
SUITE 102E
BOCA RATON, FL 33431

(Firm/Company)

STEVEN G. MILLER
ATTORNEY AT LAW
4800 NORTH FEDERAL HIGHWAY
SUITE 102E
BOCA RATON, FL 33431

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN G. MILLER at (561) 367-7785
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

6-24-05
- Thank you -

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

XO HEALTH, LLC

ARTICLE II - Address:

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

Principal Office Address:

101 Plaza Real South

No. 212

Boca Raton, FL 33432

Mailing Address:

101 Plaza Real South

No. 212

Boca Raton, FL 33432

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

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

Melvin Duckett

Name

101 Plaza Real South, No. 212

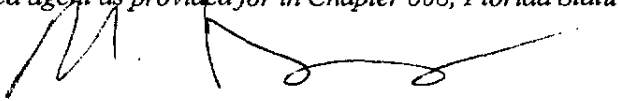
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FLORIDA 33432

City, State, and Zip

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05 JUN 27 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, 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, 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

Melvin Duckett

101 Plaza Real South

No. 212

Boca Raton, FL 33432

MGRM

Ryan Duckett

101 Plaza Real South

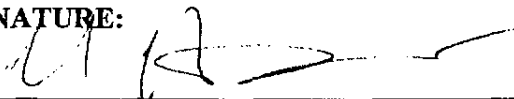
No. 212

Boca Raton, FL 33432

(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.)

Melvin Duckett

Typed or printed name of signee

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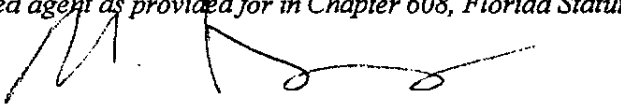
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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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