

LOS 0000/0/475

2005 OCT 13 P 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

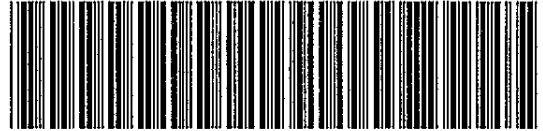
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL1 7

Office Use Only



400060461694

10/13/05--01021--007 **130.00

COVER LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: Advantage Health Sciences, LLC
(Name of Limited Liability Company)

2005 OCT 13 P 2:01 LC
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Nelson
(Name of Person)

(Firm/Company)

P.O. Box 856
(Address)

Shalimar, FL 32579
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas E. Nelson at (850) 863-0040
(Name of Person) (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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advantage Health Sciences, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

906 Skipper Ave.
Fort Walton Beach
FL 32547

P.O. Box 856
Shalimar
Fl. 32579

Thomas E. Nelson
Name

Name _____

4602 Scarlet Dr E

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

Crestview FL 32539

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 (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2005 OCT 13 P 2:01

SECRETARY OF STATE
FLORIDA

MGRM

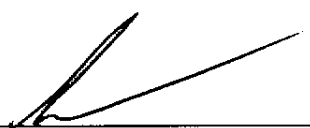
Thomas E. Nelson
4620 Scarlet Dr. E
Crestview, FL 32539

Gary W. Collins
1508 Monte Sanders Ln.
El Paso, TX 79935

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-12-05. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Thomas E 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)