

LD7000040243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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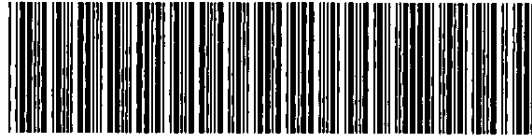
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

ATX1

TO: Registration Section
Division of Corporations

PHOENIX

SUBJECT: PHOENIX-HEALTH MAINTENANCE, 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:

Xiao Rong Dai

(Name of Person)

PHOENIX

PHOENIX-HEALTH MAINTENANCE, LLC

(Firm/Company)

245 Walton Blvd.

(Address)

West Palm Beach, FL 33405

(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE H WONG, CPA

(Name of Person)

at 301-718-1663

(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

PHOENIX HEALTH MAINTENANCE, LLC
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHOENIX HEALTH MAINTENANCE, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

PHOENIX HEALTH MAINTENANCE, LLC

245 Walton Blvd.

West Palm Beach, FL 33405

PHOENIX HEALTH MAINTENANCE, LLC

245 Walton Blvd.

West Palm Beach, FL 33405

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Xiao Rong Dai

Name

245 Walton Blvd.

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

West Palm Beach

FL 33405

City, State, and Zip

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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, F.S..



Registered Agent's Signature (REQUIRED)

PHOENIX HEALTH MAINTENANCE, LLC
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follow:

ATX1

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

PRINCIPLE MEMBER

Xiao Rong Dai
245 Walton Blvd.
West Palm Beach, FL 33405

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (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.)

Xiao Rong Dai

Xiaorong Dai
Typed or printed name of signer

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)

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