L07000049186

(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:

Office Use Only

400101706824

05/08/07--01005--005 **155.00

FILED
07 MAY -8 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

WILLIAM T. BASFORD
LAW FIRM

4330 Raggedy Point Road Fleming Island, Florida 32003 - 7856

Bill Basford - Attorney at Law
Joshua Soileau - Legal Assistant
Lyn Wilkinson - Legal Secretary
Alice Voorhees - Office Manager

Telephone: 904-278-9100
Facsimile: 904-278-0088

E-Mail: basford1@msn.com

May 3, 2007

Secretary of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Blue Chip Health, L.L.C.

Dear Sir or Madam:

Enclosed please find the following documents regarding the above-referenced matter:

1. Articles of Organization for Florida Limited Liability Company (original plus one copy)

2. Check number 10362 made payable to Secretary of State in the amount of $155 which covers the following:

Filing Fee for Articles of Organization	$100.00
Designation of Registered Agent	$ 25.00
Certified copy of Register	$ 30.00

3. Self-addressed, stamped envelope.

Please file the enclosed Articles with the Division of Corporations. Please also date stamp the copy of the Articles provided herewith and return to me in the self-addressed, stamped envelope enclosed for your convenience in mailing.

It is my understanding that a letter of acknowledgment will be forwarded to me upon registration and that there is no additional fee for same.

Should you have any questions or concerns, please feel free to contact me at the address and/or telephone number referenced above. Thank you in advance for your attention to and assistance with this matter.

Sincerely,

William T. Basford

WTB/js
Enclosures

cc: Ken Yancey, Jr.

ARTICLES OF ORGANIZATION OF
BLUE CHIP HEALTH, L.L.C.

ARTICLE I - NAME

The name of the limited liability company is Blue Chip Health, L.L.C., ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

316 Frog Hollow Road
Orange Park, Florida 32073

Mailing Address:

316 Frog Hollow Road
Orange Park, Florida 32073

FILED
07 MAY -8 AM 11: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Ken Yancey Jr.
316 Frog Hollow Road
Orange Park, Florida 32073

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..

KEN YANCEY JR.
Resident Agent

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY Blue Chip Health, L.L.C., SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Blue Chip Health, L.L.C..

2. The name and the Florida street address of the registered agent and office are:
   Ken Yancey Jr.
   316 Frog Hollow Road
   Orange Park, Florida 32073

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.

Ken Yancey

KEN YANCEY JR.
Registered Agent

FILED
07 MAY -8 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA