

L070000092063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

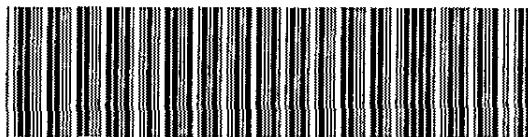
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/07/07--01010--023 **160.00

EFFECTIVE DATE

09/01/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP -7 PM 2:11

JB

Quality Healthcare Consultants, LLC
c/o Darren Sewell
200 2nd Ave South, Suite 221
Saint Petersburg, FL 33701

September 1, 2007

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

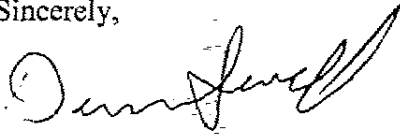
Dear Division of Corporations:

Enclosed are my registration documents and fee of \$160 for:

Filing Fee
Certified Copy
Certificate of Status

Please do not hesitate to contact me if there are any problems.
My phone number is (727) 249-7874

Sincerely,



Darren Sewell

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quality Healthcare Consulting, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

200 2nd Ave South, Suite 221

Saint Petersburg, FL 33701

Mailing Address:

200 2nd Ave South, Suite 221

Saint Petersburg, FL 33701

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:

Darren Sewell

200 2nd Ave South, Suite 221

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

Saint Petersburg 33701 FL

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)

(CONTINUED)

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EFFECTIVE DATE

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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:

MGR

Darren Sewell

200 2nd Ave South, Suite 221

Saint Petersburg 33701

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/01/2007
(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.)

Darren Sewell

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)