

L070000097/28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

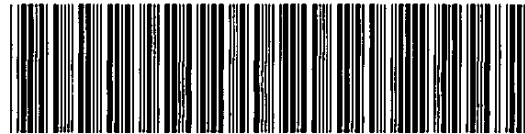
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/07--01029--014 **130.00

EFFECTIVE DATE
09/10/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 14 PM 2:35

W07-45787
J. BRYAN SEP 17 2007

JB

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PHX Health Solutions, 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:

Lawrence M. Green

(Name of Person)

PHX Health Solutions, LLC

(Firm/Company)

P.O. Box 566240

(Address)

Pinecrest, Florida 33256

(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
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For further information concerning this matter, please call:

Lawrence M. Green at (**305**) **586-3527**
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2007

LAWRENCE M. GREEN
PHX HEALTH SOLUTIONS, LLC
P.O. BOX 566240
PINECREST, FL 33256

SUBJECT: PHX HEALTH SOLUTIONS, LLC
Ref. Number: W07000045787

FILED STATE
SECRETARY OF CORPORATIONS
07 SEP 14 PM 2:35

We have received your document for PHX HEALTH SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 307A00054643

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHX Health Solutions, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

TBA PHX HEALTH SOLUTIONS, LLC
8888 SW. 129TH TERR
MIAMI, FL 33176

Mailing Address:

PHX Health Solutions, LLC.
P.O. Box 566240
Pincrest, Florida 33256

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:

Gayle Weston

Name

10700 N. Kendall Drive, Suite 204

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

Miami, Florida FL 33176

City, State, and Zip

EFFECTIVE DATE

09/10/07

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.

Gayle Weston
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Lawrence M. Green

P.O. Box 566240

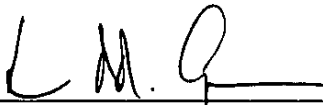
Pinecrest, Florida 33256

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 SEP 14 PM 2:36

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept. 10, 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.)

Lawrence M. Green

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)