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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV -7 AM 8:58

107-58129

T. Hampton NOV 08 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

A-H-E-A-D, LLC

(Name of Limited Liability Company)

ALLIED HEALTH CARE
ADVISORS, LLC

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

Please return all correspondence concerning this matter to the following:

CHARIE (CANUTA) RITCHSON

(Name of Person)

A-H-E-A-D, LLC

(Firm/Company)

2881 E. OAKLAND PARK BLVD, STE 439

(Address)

FT LAUDERDALE, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARIE RITCHSON

(Name of Person)

at

904 505-2506

(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

RECEIVED

07 NOV -7 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 25, 2007

CANIE (CANUTA) RITCHSON
2881 E OAKLAND PARK BLVD
STE 439
FT LAUDERDALE, FL 33306

SUBJECT: A-H-E-A-D, LLC (ALLIED HEALTH CARE ADVISORS, LLC)
Ref. Number: W07000052929

We have received your document for A-H-E-A-D, LLC (ALLIED HEALTH CARE ADVISORS, LLC) and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 207A00062770

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allied Health Care Advisors, 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:

Mailing Address:

2881 E. OAKLAND PARK BLVD 2881 E. OAKLAND PARK BLVD
STE 439 STE 439
FT. LAUDERDALE FL 33306 FT. LAUDERDALE, FL 33306

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:

CARIE (CANUTA) RITCHSON (STE)
Name

2881 E. OAKLAND PARK BLVD #439

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

FT LAUDERDALE, FL 33306

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)

Page 1 of 2

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DIVISION OF CORPORATIONS
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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

MGR

MGRM

Name and Address:

CANIE (CANUTA) RITCHSON (SPE)
2881 E. OAKLAND PARK BLVD #439
FT. LAUDERDALE, FL 33306

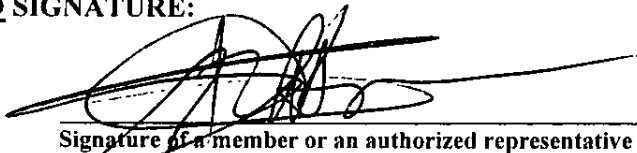
CANIE (CANUTA) RITCHSON (SPE)
2881 E. OAKLAND PARK BLVD #439
FT. LAUDERDALE, FL 33306

(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.)

CANIE (CANUTA) RITCHSON

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)