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COVER LETTER

10:	Registration Section Division of Corporations
SUBJE	CCT: Hyperbarics of Palu Beach, LLC (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Keith C. Kline (Name of Person)
	Haelen Hyperbarics, LLC (Firm(Company)
	200 Merchant St.
	Hilton Head, SC 29926 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Keith C. Kline at (843) 681-1811 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
≸ 125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee, Certificate of Status \$\bigcup Certificate Opy (additional copy is enclosed) Certificate of Status \& Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Hyperbarics of Palm Beach LLC (Mast 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:
2700 PGA Blud. Ste 103 200 Merchant St.
Palm Beach Gardens, FL Hilton Head, SC 29926
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:
Keith C. Klino
Palm Beach Cardoner 33416 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 a 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
Register d'Agent's Signature (REQUIRED) Register d'Agent's Signature (REQUIRED) Register d'Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

aelen Hepexbarics Managemen of Merchahot St. ilton Head, SC 29926
ng: (OPTIONAL) nd cannot be more than five business days prior
na cambe be more than the business days prior
/

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS

Typed or printed name of signee