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J. BRYAN

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EXAMINER

**RICHARD A. CRISONINO**

ATTORNEY AND COUNSELOR AT LAW

XANADU BUILDING

2534 SOUTHWEST 8TH STREET

MIAMI, FLORIDA 33135

TELEPHONE: (305) 541-4040

FAX: (305) 541-9701

E-MAIL: CRISONINO@AOL.COM

March 20, 2008

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

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RE: **Healthcare Heat, LLC**

Dear Sirs:

Enclosed is an original and one copy of the Articles of Organization of Healthcare Heat, LLC and fees submitted for filing.

Please return all correspondence regarding this matter to the following:  
Richard A. Crisonino, Esquire, 2534 S.W. 6<sup>th</sup> Street, Miami, FL 33135.

For further information concerning this matter, please call: Richard A. Crisonino, Esquire, Tel. 305/541-4040.

Enclosed is my check in the amount of \$155.00 representing the filing fee, designation of registered agent fee, and certified copy fee. Please provide our office with a certified copy of these Articles of Incorporation.

Sincerely yours,



Richard A. Crisonino, Esquire  
RAC/cr

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **HEALTHCARE HEAT, LLC.**

**ARTICLE II - Address:**

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

Principal Office address:  
162 Gleason Street  
Delray Beach, FL 33483

Mailing address:  
162 Gleason Street  
Delray Beach, FL 33483

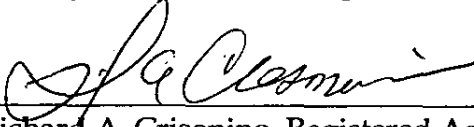
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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's signature:**

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

Richard A. Crisonino  
2534 S.W. 6<sup>th</sup> Street  
Miami, FL 33135

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.

  
Richard A. Crisonino, Registered Agent

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

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

Title:

Name and Address:

Managing member

Jay Barry Colin  
One Brockway Place  
White Plains, NY 10601

  
Signature of Jay Barry Colin, Managing 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.)

Iay Barry Colin, signee

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