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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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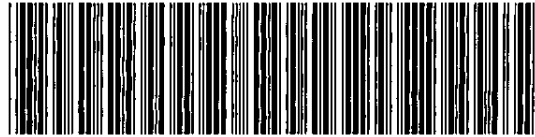
(Business Entity Name)

(Document Number)

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08 MAR 27 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SA Thomas MAR 28 2008

COVER LETTER

TO: Registration Section
Division of Corporation
Post Office 6327
Tallahassee, Florida 32314

SUBJECT: Bryan's Health Solutions, LLC

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

Please return all correspondence concerning this matter to the following:

ANDRA L. BRYAN
BRYAN'S HEALTH SOLUTIONS, LLC
1700 NORTHWEST 2ND STREET
POMPANO BEACH, FLORIDA 33069

For further information concerning this matter, please call:

Andra L. Bryan at (954) 971-3468

Enclosed is a check for the following amount:

\$130.00 Filing Fee & Certificate of Status

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TALLAHASSEE, FLORIDA

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

ARTICLE I - NAME:

The name of the Limited Liability Company is:
BRYAN'S HEALTH SOLUTIONS, LLC

ARTICLE II - ADDRESS:

The street address of the principal office of the Limited Liability Company is:
1700 NORTHWEST 2ND STREET
POMPANO BEACH, FLORIDA 33069

The mailing address of the Limited Liability Company is:
1700 NORTHWEST 2ND STREET
POMPANO BEACH, FLORIDA 33069

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT'S SIGNATURE:**

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

ANDRA L. BRYAN
1700 NORTHWEST 2ND STREET
POMPANO BEACH, FLORIDA 33069

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE: Andra L. Bryan

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TALLAHASSEE, FLORIDA

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

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

Title: MGRM
ANDRA L. BRYAN
1700 NORTHWEST 2ND STREET
POMPANO BEACH, FLORIDA 33069

Title: MGRM
PRESTON A. BRYAN, SR.
1700 NORTHWEST 2ND STREET
POMPANO BEACH, FLORIDA 33069

ARTICLE V- PURPOSE:

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE VI – EFFECTIVE DATE:

The effective date of this Limited Liability Company is:
APRIL 2, 2008

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Signature: 
Signature of a member or an authorized representative of a member.

I affirm under the penalties of perjury that the facts stated herein are true.

ANDRA L. BRYAN