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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : ARLENE F. AUSTIN, P.A.
Account Number : 120000000066
Phone : (239) 514-0211
Fax Number : (239) 514-4618

FLORIDA/FOREIGN LIMITED LIABILITY CO.

South Beach Health, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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EXAMINER

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APR-17-2008 THU 04:10 PM ARLENE F AUSTIN PA

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**ARTICLES OF ORGANIZATION OF
SOUTH BEACH HEALTH, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name & Address

The name of the Limited Liability Company is:

SOUTH BEACH HEALTH, LLC

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

2222 Sunset Lane
Naples, FL 34104

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE III - Purpose:

The purpose for the Limited Liability Company shall be to operate a health product sales consulting company and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name and address of the initial sole managing member is:

Thomas Russell Francis
2222 Sunset Lane
Naples, FL 34104

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ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

ARTICLE VI - Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

ARTICLE VII - Effective Date


The effective date for the formation of this company shall be on the date of filing these Articles of Organization.

ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin
700 11th Street South, Suite 102
Naples, FL 34102

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be his free act on this 12th day of April, 2008.



Thomas Russell Francis
Member/Manager

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State of Florida
County of Collier

On April 17, 2008, Thomas Russell Francis, [] who is personally known to me, or [X] who produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of South Beach Health, LLC, a Florida Limited Liability Company for the purposes therein expressed.



Notary Public:



Commission Expiration Date:
Commission Number:

(SEAL)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.**

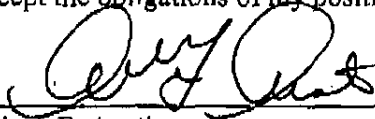
1. The name of the Limited Liability Company is:

SOUTH BEACH HEALTH, LLC

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

**Arlene F. Austin
700 11th Street South, Suite 102
Naples, FL 34102**

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.

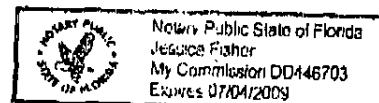

Arlene F. Austin
Registered Agent

State of Florida
County of Collier

On April 7 2008, Arlene F. Austin, designated above as the individual who shall serve as the company's initial registered agent, [XX] who is personally known to me or [] who produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of South Beach Health, LLC, as resident agent.


Notary Public: Jessica Fisher

(Notary Public - Printed Or Typed Name)
Commission Expiration Date & Commission Number: (SEAL)



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