

L08000092978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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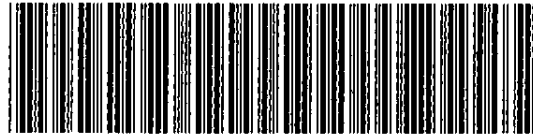
(Business Entity Name)

(Document Number)

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08 OCT - 1 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~RECEIVED~~ OCT 1 - 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LMJ HEALTH CARE SERVICES LLC.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

LYDIE FELISMA

(Name of Person)

LMJ HEALTH CARE SERVICES LLC.

(Firm/Company)

1319 DREXEL ROAD

(Address)

WEST PALM BEACH, FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

LYDIE FELISMA

(Name of Person)

at ( 561 ) 633-5975

(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

August 21, 2008

LYDIE FELISMA  
1319 DREXEL ROAD  
WEST PALM BEACH, FL 33417

SUBJECT: LMJ HEATH CARE SERVICES LLC  
Ref. Number: W08000039137

We have received your document for LMJ HEATH CARE SERVICES 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):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return 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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 308A00046966

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LMJ HEALTH CARE SERVICES 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:**

4721 OAK TERRACE DRIVE  
GREENACRES, FL 33463

4721 OAK TERRACE DRIVE  
GREENACRES, FL 33463

**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:

LYDIE FELLISMA

Name

4721 OAK TERRACE DRIVE

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

GREENACRES FL 33463

City, State, and Zip

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*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

**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

**Name and Address:**

MGR

LYDIE FELISMA

~~1240 DREXEL ROAD~~ *OAK Terrace Dr*

WEST PALM BEACH, FL 33417

MGRM

MARIE PIERRE

1319 DREXEL ROAD

WEST PALM BEACH, FL 33417

(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:**

*Lydie Felisma*

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.)

**LYDIE FELISMA**

Typed or printed name of signee

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08 OCT - 1 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**