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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Law Offices of
ROBERTS & ENGVALSON, P.A.
1920 Victoria Ave.
Ft. Myers, Florida 33901
239-332-7273 FAX 239-332-3320

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Seylen Health, LLC
(Name of the 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:

ROBERTS & ENGVALSON, P.A.
1920 Victoria Avenue
Fort Myers, FL 33901

For further information concerning this matter, please call Steven J. Gibbs at (239) 297-7608.

Enclosed is check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status
<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Seylen Health, LLC

(must end with the words "Limited Liability Company", "Limited Company" or the abbreviations "L.L.C.," or L.C.")

ARTICLE II - Address

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

Principal Office Address

8695 College Parkway, Ste 1204,
Fort Myers, Florida 33919

Mailing Address

8695 College Parkway, Ste 1204,
Fort Myers, Florida 33919

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:

John A. Moss
8695 College Parkway, Ste 1204
Fort Myers, Florida 33919

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Having been named as a 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 - John A. Moss

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

Darren Bruce Miter Living Trust
Dated April 17, 2008, by
Darren B. Miter as trustee,
8695 College Parkway, Ste 1204,
Fort Myers, Florida 33919

Managing Member

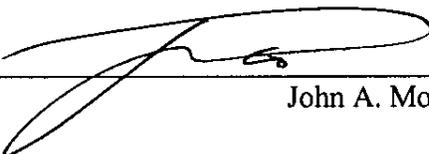
John Anthony Moss
8695 College Parkway, Ste 1204,
Fort Myers, Florida 33919

The provisions of the attached Seylen Health, LLC Limited Liability Company Articles of Organization are incorporated herein as part of the public recording hereof.

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:



John A. Moss

(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.)

The Darren Bruce Miter Living Trust dated April 17, 2008

By: Darren B. Miter, Trustee

Typed or printed name of signee

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)

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