

L090000 991 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900161438119

10/14/09--01003--017 \*\*155.00

RECEIVED  
09 OCT 14 AM 11:18  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**B. KOHR**  
OCT 14 2009  
**EXAMINER**

FILED  
09 OCT 14 PM 3:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 10-14-2009

REF. #: 000174.113019

CORP. NAME: HEALCIAN, LLC

FILED STATE  
SECRETARY OF CORPORATIONS  
09 OCT 14 PM 3:00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 1206 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

# ARTICLES OF ORGANIZATION

HEALCIAN, LLC,  
a Florida limited liability company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 14 PM 3:00

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

HEALCIAN, LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

6321 Porter Road, Unit 12  
Sarasota, Florida 34240

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

John Boyle  
6321 Porter Road, Unit 12  
Sarasota, Florida 34240

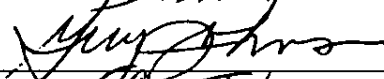
## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company.

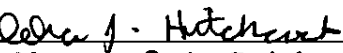
IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
8 day of October, 2009.

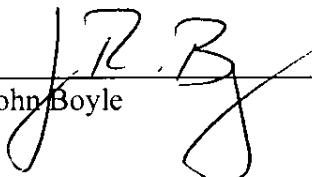
WITNESSES:

  
Print Name Denise Brune

  
Print Name Gay Johnson

  
Print Name JACK M. MAAG

  
Print Name Debra J. Hitchcock

  
John Boyle

  
Alan C. Plush

“MANAGERS”

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the 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:  
  
HEALCIAN, LLC
2. The name and the Florida street address of the registered agent are:  
  
John Boyle  
6321 Porter Road, Unit 12  
Sarasota, Florida 34240

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 10/8/09

  
\_\_\_\_\_  
John Boyle  
"REGISTERED AGENT"