

From:

L090001187897

12/14/2009 16:31

348 P.001/005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (212)564-6083

** It is imperative that this filing receive a filing date of 12-11-09. Thank you!*

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.
NUHEALTH SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02/4
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
DEC 15 2009

EXAMINER
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From:

12/14/2009 16:31

#348 P.003/005

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12/13/2009 2:20:25 PM FAX

17001 FAX 001701



December 14, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: NUHEALTH SOLUTIONS, LLC

REF: W09000054069

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H09000256686
Letter Number: 709A00037963

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

From:

12/14/2009 16:32

#348 P.004/005

(((H09000256686 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NuHealth Solutions, 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:

4469 South Congress Ave.
Lake Worth, FL 33461

Mailing Address:

50 Oxford Road
Manalapan, NJ 07726

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:

National Corporate Research, Ltd., Inc.

Name

515 East Park Avenue

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

Tallahassee FL 32301

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

An Marie Connor

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>President</u>	<u>Juan C Rojas</u> <u>2409 Central Ave.</u> <u>Abandeen NJ 07713</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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:



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

(In accordance with section 608.408(2), Florida Statutes, the execution of this document constitutes an affidavit under the penalties of perjury that the facts stated herein are true.)

Juan C Rojas

Typed or printed name of signer

Filing Fees

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 36.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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