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(Requestor's Name)

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(Business Entity Name)

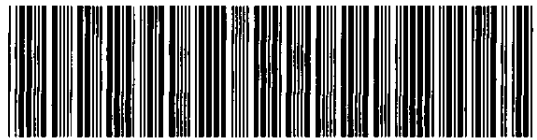
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 28 AM 11:29

FILED

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FEB 11 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2010

CLIFTON RODRIQUEZ
3146 NW 68TH STREET
FORT LAUDERDALE, FL 33309-1206

SUBJECT: ALLIED HEALTHCARE SOLUTIONS OF FLORIDA, LLC
Ref. Number: W10000004695

2010 JAN 28 AM 11:29
SECRETARY OF
TALLAHASSEE

We have received your document for ALLIED HEALTHCARE SOLUTIONS OF FLORIDA, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L09000026690.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 610A00002421

ATX1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIED HEALTHCARE SOLUTIONS OF SOUTH FLORIDA, 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:

CLIFTON H. RODRIQUEZ, CPA

Name of Person

ALLIED HEALTHCARE SOLUTIONS OF SOUTH FLORIDA, LLC

Firm/Company

3148 NW 68th STREET

Address

FORT LAUDERDALE, FLORIDA 33309-1206

City/State and Zip Code

crodzzz@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLIFTON H. RODRIQUEZ, CPA

Name of Person

at

(954)969-9380

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

ALLIED HEALTHCARE SOLUTIONS OF SOUTH FLORIDA,

ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALLIED HEALTHCARE SOLUTIONS OF SOUTH FLORIDA, 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:**

Allied Healthcare Solutions of South Florida, LLC
12361 SW 1st STREET
PLANTATION, FLORIDA 33325

Allied Healthcare Solutions of South Florida, LLC
12361 SW 1st STREET
PLANTATION, FLORIDA 33325

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:

ANTHONY ADKINS
Name

12361 SW 1st STREET
Florida street address (P.O. Box NOT acceptable)

PLANTATION FL 33325
City, State, and Zip

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)

ALLIED HEALTHCARE SOLUTIONS OF SOUTH FLORIDA

ATX1

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:

MGRM _____

ANTHONY ADKINS

12361 SW 1st STREET

PLANTATION, FLORIDA 33325

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/31/2010. (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(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANTHONY ADKINS

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)