

L10000064846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

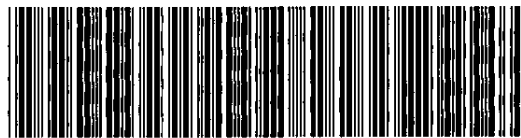
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/10--01003--031 **155.00

Effective Date 06/01/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -7 PM 3:02

T. HAMPTON

JUN 17 2010

EXAMINER

21522-010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capital Healthcare Solutions Limited Liability Company
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:

George T. Dirscherl

Name of Person

CHS

Firm/Company

15 Minnow Drive

Address

Ormond Beach, FL 32174

City/State and Zip Code

gdirscherl@cfl.rr.com

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

For further information concerning this matter, please call:

George T. Dirscherl

Name of Person

at (386)

672-3274

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

June 2, 2010

George T. Dirscherl
Donna E. Dirscherl
15 Minnow Drive
Ormond Beach, fl 32174
386-672-4132
407-760-9832 cell

Registration Department:

We are submitting documents to form a "LLC"

Thank You

A handwritten signature in black ink, appearing to read "Donna Dirscherl". The signature is fluid and cursive, with the first name "Donna" being more prominent than the last name "Dirscherl".



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 16 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 8, 2010

GEORGE T DIRSCHERL
15 MINNOW DR
ORMOND BEACH, FL 32174

SUBJECT: CAPITAL HEALTHCARE SOLUTIONS LLC
Ref. Number: W10000027513

We have received your document for CAPITAL HEALTHCARE SOLUTIONS LLC and your check(s) totaling \$155.00. 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 L05000026637 (CAPITAL HEALTHCARE SOLUTIONS, LLC).

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00014213

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Dear Tammy,

I thought I had searched for the name but I went back and have no idea how I missed all the Capital Healthcare names. So sorry for the mistake. I have changed the company name to G.T.D. Healthcare Solutions LLC. I did not see that listed as a current LLC. I hope this solves our dilemma.

Thank you

Donna Dirscherl

A large, stylized handwritten signature in cursive script, appearing to read "Donna Dirscherl".A smaller, more compact handwritten signature in cursive script, also appearing to read "Donna Dirscherl".

Effective Date 06/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G.T.D.

Capital Healthcare 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:

Mailing Address:

15 Minnow Drive

Ormond Beach, FL 32174

15 Minnow Drive

Ormond Beach, FL 32174

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:

George T. Dirscherl

Name

15 Minnow Drive

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

Ormond Beach, FL 32174

FL

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)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS
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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Donna Dirscherl

15 Minnow Drive

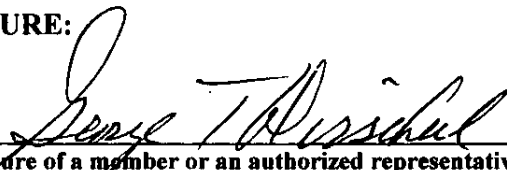
Ormond Beach, FL 32174

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 1, 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.)

George T. Dirscherl

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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