

**L10000070394**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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07/01/10--01028--003 \*\*125.00

**FILED**  
2010 JUL -1 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

JUL 2 2010

**EXAMINER**

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

June 25, 2010

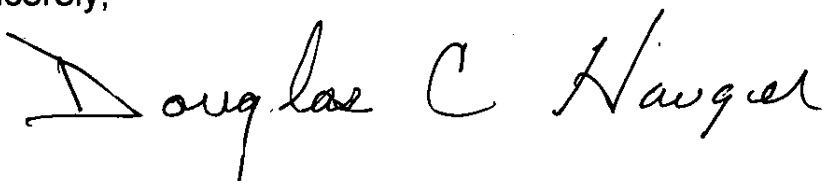
To Whom It May Concern,

I am requesting the name "Healthcare Management Network LLC", which could also be shortened to or referred to as "HMN", for the purpose of providing executive search services to the hospitals of the United States. The primary focus is intended to provide "Nurse Managers" from "First Line Supervisors" up to the "Executive Suite" from a virtual office environment, thus allowing the associates to work from their home offices.

The company will begin as a sole proprietor with others being added as soon as practical. The goal will be to become a full service talent provider eventually adding searching services for Doctors, Accounting, Purchasing, Engineering, Maintenance, etc., as we grow.

If you have any further questions or need additional information, please contact me at my home office at the information provided below.

Sincerely,



Douglas C. Hauger, CM, CPC  
4421 Cordia Circle  
Coconut Creek, FL 33066  
954-333-8757

6/25/2010  
11:11 AM  
3/25/2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healthcare Management Network 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:

Douglas C Hauger  
Name of Person

Healthcare Management Network LLC  
Firm/Company

4421 Cordia Circle  
Address

Coconut Creek, FL 33066  
City/State and Zip Code

DCHauger@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Hauger at (954) 333-8757  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                   |                                                                                                                             |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Healthcare Management Network 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:

4421 Cordia Circle  
Coconut Creek, FL 33066

#### Mailing Address:

Same

### 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:

Douglas C Hauger  
Name  
4421 Cordia Circle  
Florida street address (P.O. Box **NOT** acceptable)  
Coconut Creek FL 33066  
City, State, and Zip

2010 JUL -1 PM 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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..*

Douglas C Hauger  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

2010 JUL -1 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Douglas C. Hauger  
4421 Cordia Circle  
Coconut Creek, FL 33066

MGR

Nina C. Hauger  
4421 Cordia Circle  
Coconut Creek, FL 33066

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Douglas C. Hauger  
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.)

Douglas C. Hauger  
Typed or printed name of signer

**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)**