L10000070394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2010 JUL -1 PM 12:09
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

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

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:

☐ $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

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

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SECRETARY OF STATE
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..

Douglas C Hauger
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:**
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 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)