

L10000102335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

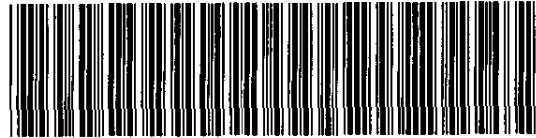
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 30 2010

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: Hopewell Home Health Agency, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blake Hayward
HAYWARD & GRANT
2121 Killarney Way, Suite G
Tallahassee, FL 32309
E-mail address (to be used for future annual report notification): blakehayward@haywardgrant.com

For further information concerning this matter, please call:

Blake Hayward at (850) 386-4400

Enclosed is a check for the following amount: \$125.00 Filing Fee

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

FILED

ARTICLES OF ORGANIZATION
OF
HOPEWELL HOME HEALTH AGENCY, LLC

10 SEP 30 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is Hopewell Home Health Agency, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
2121-H Killarney Way
Tallahassee, Florida 322309

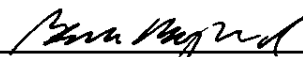
Mailing Address:
2121-H Killarney Way
Tallahassee, Florida 322309

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Blake Hayward
2121-G Killarney Way
Tallahassee, Florida 32309

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..



Blake Hayward

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:
"MGR" = Manager
"MGMR" = Managing Member

Name and Address:

MGR

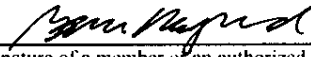
Blake Hayward
2121-G Killarney Way
Tallahassee, Florida 32309

REQUIRED SIGNATURE:

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**


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.)

Blake Hayward

Typed or printed name of signee