

Florida Department of State

Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

Case Management Alternatives LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

EXAMINER
JAN 28 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA	

ARTICLE I - Name

The name of the Limited Liability Company is: Case Management Alternatives LLC

ART	CI	.17.	П	- Address
AKI	IC.L	. ك	ш	- Aggress

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

Principal Office Address:	Mailing Address:
5834 Swamp Fox Road	5834 Swamp Fox Road
Jacksonville, FL 32210	Jacksonville, VL 32210
ARTICLE III - Registered Age: The name and Florida street address of t	nt, Registered Office & Registered Agent's Signature
	Aubrey L. Nugent
	Name
	Name 5834 Swamp Fox Road
·	· · · · · · · · · · · · · · · · · · ·

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 pastion as registered agent as provided for in Chapter 608, E.S.

Registered Agent's Signature - Autorey L. Nugent

H11000023244 ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Tille: Name and Address: "MGR" - Manager "MGRM" - Managing Member MGR Aubrey L. Nugent - 5834 Swamp Fox Road, Jacksonville, FL 32210 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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 berein are true.) Aubrey L. Nugent Typed or printed name of signee