

L11000014906

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000029943 3)))



H110000299433ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9385

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
FLORIDA ACCIDENT OUTREACH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB -3 AM 9:52

FILED

Electronic Filing Menu

Corporate Filing Menu

Help B. BOSTICK

FEB 4 2011

EXAMINER

RECEIVED  
11 FEB -3 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000029943 3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

FLORIDA ACCIDENT OUTREACH, LLC

**ARTICLE II ADDRESS**

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

131 N 2ND AVENUE  
FORT PIERCE, FLORIDA 34950

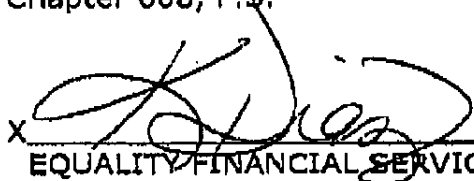
**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

EQUALITY FINANCIAL SERVICES INC.  
949 SW COMMONWEALTH ROAD  
PORT ST LUCIE, FLORIDA 34953

FILED  
11 FEB -3 AM 9:52  
STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent 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.

X 

EQUALITY FINANCIAL SERVICES INC. / Registered Agent's signature

H11000029943 3

H11000029943 3

PAGE 2 FLORIDA ACCIDENT OUTREACH, LLC


**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
MARK O'CALLAGHAN  
131 N 2ND AVENUE  
FORT PIERCE, FLORIDA 34950

FILED  
11 FEB -3 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

.....  
X   
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.

MARK O'CALLAGHAN

H11000029943 3