

03/23/2011

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Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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

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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
1ST CHOICE HEALTH FOR WPB, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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MAR 24 2011

EXAMINER

3/22/2011 12:40 P

H11000075193

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1st Choice Health for WPB, 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:4300 10th Ave North.
Suite #2
Lake Worth, FL 33461**Mailing Address:**4300 10th Ave North
Suite #2
Lake Worth, FL 33461**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:

Mencira Valido

Name

6237 W Flagler Street #3Florida street address (P.O. Box NOT acceptable)Miami FL 33144

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:MGRMinerva Valido4300 10th Ave North Suite #2Lake Worth, FL 33461

(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:**

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Minerva Valido

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)

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March 23, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MINERVA VALIDO
4300 10TH AVENUE NORTH
SUITE #2
LAKE WORTH, FL 33461

SUBJECT: 1ST CHOICE HEALTH FOR WPB, LLC
REF: W11000016484

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

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