

L11000035994

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 25 AM 9:50

N. Culligan MAR 25 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brew Healthcare Enterprises, PLLC
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:

Kim Brew, ARNP

Name of Person

Brew Healthcare Enterprises, PLLC

Firm/Company

3705 Darnall Place

Address

Jacksonville, Florida 32217

City/State and Zip Code

kim.brew@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Brew, ARNP

Name of Person

at (904) 631-1325

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2011

KIM BREW, ARNP
3705 DARNALL PLACE
JACKSONVILLE, FL 3227

SUBJECT: BREW HEALTHCARE ENTERPRISES, PLLC
Ref. Number: W11000016536

We have received your document for BREW HEALTHCARE ENTERPRISES, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 711A00007097

Florida Articles of Organization
Brew Healthcare Enterprises, PLLC

ARTICLE VI: Purpose

The professional purpose of Brew Healthcare Enterprises, PLLC is to provide healthcare related consulting services, patient care within the scope of practice of an Advanced Registered Nurse Practitioner (ARNP) licensed in the state of Florida and other contracted healthcare services requiring a Registered Nurse or an ARNP.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brew Healthcare Enterprises, PLLC

(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:

3705 Darnall Place
Jacksonville, Florida 32217

Mailing Address:

3705 Darnall Place
Jacksonville, Florida 32217

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:

Kim Brew, ARNP

Name

3705 Darnall Place

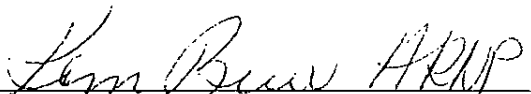
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32217

City, State, and Zip

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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)

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

Kim Brew, ARNP

3705 Darnall Place

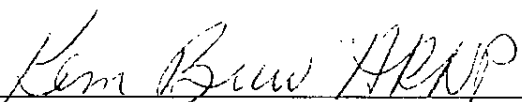
Jacksonville, Florida 32217

(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.)

Kim Brew, ARNP

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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