

L11000052139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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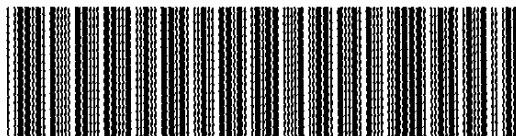
(Business Entity Name)

(Document Number)

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RECEIVED
11 MAY -3 PM 1:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAY -3 2011
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -3 PM 3:45

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -3 PM 3:45

CONTACT: KATIE WONSCH

DATE: 05/03/2011

REF. #: 000937.147455

CORP. NAME: BRELADE HEALTHCARE MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 539604 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

aminer's Initials

**ARTICLES OF ORGANIZATION
OF
BRELADE HEALTHCARE MANAGEMENT, LLC
A Florida Limited Liability Company**

FILED
SECRETARY OF STATE
11 MAY -3 PM 3:45
OFFICE OF CORPORATION

ARTICLE I - Name

The name of the limited liability company is **BRELADE HEALTHCARE MANAGEMENT, LLC** (the "Company").

ARTICLE II - Principal Office

The mailing address and street address of the principal office of the Company is 16664 Lucarno Way, Naples, FL 34110.

ARTICLE III - Duration

The period of duration for the Company shall be perpetual.

ARTICLE IV - Management

The Company is to be member-managed and the name and address of the initial manager is:

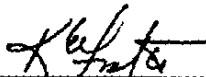
Ben Wilson
16664 Lucarno Way
Naples, FL 34110

ARTICLE V - Admission of Additional Members

The limited liability company shall have at least one (1) member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.

ARTICLE VI - Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.



KARLEEN FOSTER, Authorized Representative

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **BRELADE HEALTHCARE MANAGEMENT, LLC.**
2. The name and Florida street address of the limited liability company's registered agent is **NRAI Services, Inc.**, 515 East Park Avenue, Tallahassee, Florida 32301.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.

NRAI Services, Inc.

By:



Print Name: Katie Wonsch

Title:

Assistant Secretary