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.

(((H11000165603 3)))



H110001656033ABCX

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)455-9885

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.

Comprehensive Case Management Services, LLC

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

RECEIVED

1 JUN 22 PH 4: 49

SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

DIVISION OF CURPORATIO

SECRETARY OF STATE OF SURE AFFORS

41 JUN 22 AM 7: 52

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:

COMPREHENSIVE CASE MANAGEMENT SERVICES, LLC

ARTICLE II ADDRESS

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

3909 MEADÓW CREEK LANE 5ARASOTA, FLORIDA 34233

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

DANA E DICKSON, RN, BA, CCM 3909 MEADOW CREEK LANE SARASOTA, FLORIDA 34233

Having been named as registered agent to accept service of process for the above stated limited (lability 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.

DANA E DICKSON, RN, BA, CCM / Registered Agent's signature

4-11000165605.3

4.11000165603.3

PAGE 2 COMPREHENSIVE CASE MANAGEMENT SERVICES, LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
DANA E DICKSON, RN, BA, CCM
3909 MEADOW CREEK LANE
SARASOTA, FLORIDA 34233

SECRETARY OF STATION DIVISION OF CORPORATION

ele Ele RN. BA, com

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.

DANA E DICKSON, RN, BA, CCM

Af 11000165603 3.