

L11000090115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

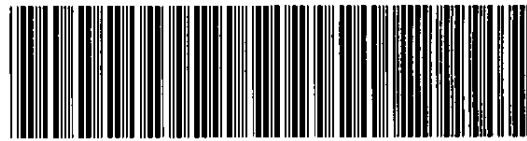
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600210572806

08/04/11--01007--007 **125.00

FILED
11 AUG -4 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 05 2011
EXAMINER



THE NEWMAN GROUP, INC

6801 Lake Worth Road
Suite 119
Lake Worth, Florida 33467

Phone: 561-642-6999
Fax: 561-642-3377
Email: LBN@newmanadvisors.com

July 25, 2011

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

FILED
11 AUG -4 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Registration Section, Division of Corporations:

Re: Nelson Healthcare LLC

I have enclosed the original and one (1) copy of the Articles of Organization and a check in the amount of \$125.00 for the Filing Fee and Designation of Registered Agent. The Letter of Acknowledgement is to be sent to:

Larry B. Newman
The Newman Group, Inc
6801 Lake Worth Road
Suite 119
Lake Worth, Florida 33467

If you have any questions concerning this filing please call Larry B. Newman at 561-642-6999.

Sincerely,

Larry B. Newman
President

Articles of Organization
of
NELSON HEALTHCARE, LLC

ARTICLE I

The name of the Limited Liability Company shall be Nelson Healthcare, LLC

ARTICLE II

The mailing and street address of the principal office is 9360 Sunrise Lakes Blvd Unit 109, Sunrise Florida 33322.

ARTICLE III

The name of the registered agent is Larry Newman, and the street address of the registered office of the Limited Liability Company shall be at 6801 Lake Worth Road, Ste 119, Lake Worth, FL 33467.

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, Florida Statutes.



Larry Newman

FILED
11 AUG - 4 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

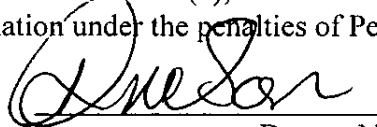
ARTICLE IV

The names and addresses of each of the members or managing member are as follows:

Managing Member

Doreen Nelson
9360 Sunrise Blvd Unit 109
Sunrise , FL 33322

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

 7. 30. 2011
Doreen Nelson

FILED
11 AUG -4 PM 12:11
CLERK OF STATE
TALLAHASSEE, FLORIDA