# 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 (shows: below) on the top and bottom of all pages of the document.

(((H11000204592 3)))



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

Pax Number

: (850)617-6383

From: GALL S ANDRE

: LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A. Account Name

Account Number : 072720000036 1 (407)843-4600

Fax Mumber : (407)843-4444 PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

\*\*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.

AUG 16 AH 10: 4

THZ HEALTHCARE CONSULTING SERVICES, LLC Certified Copy 01 Page Count Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

AUG 1 7 2011

#### HI1000204592 3

# ARTICLES OF ORGANIZATION OF THZ HEALTHCARE CONSULTING SERVICES, LLC

## ARTICLE I - NAME

The name of this limited liability company is THZ HEALTHCARE CONSULTING SERVICES, LLC (the "Company").

## ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1659 Conway Isle Circle, Helle Isle, Florida 32809.

#### ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Shawn G. Rader.

### **ARTICLE IV - MANAGEMENT**

The Company is a member-managed limited liability company, and the initial managing member of the Company is Thomas H. Zogiab.

Shawn G. Rader Authorized Representative of a Member

#### ACCEPTANCE OF REGISTERED AGENT

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

Shawn G. Rader