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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Holland & Knight

Requester's Name  
315 South Calhoun Street, suite 600

Address  
Tallahassee, FL 32301 (850)425-5686  
City/State/Zip Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Science Care of Florida LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Science Care of Florida, LLC  
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:

James E. Rogers

Name of Person

Science Care

Firm/Company

21410 N. 19th Avenue, #126

Address

Phoenix, Arizona 85027

City/State and Zip Code

Jamesr@sciencecare.com

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

For further information concerning this matter, please call:

Eddie Williams, III

Name of Person

at (850) 425-5653

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

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DIVISION OF CORPORATIONS  
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**SCIENCE CARE OF FLORIDA, LLC**

**ARTICLES OF ORGANIZATION**

The undersigned, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I. NAME**

The name of the limited liability company is SCIENCE CARE OF FLORIDA, LLC (the "Company").

**ARTICLE II. ADDRESS**

The Company's mailing address and the street address of its principal office is: 3902 N.W. 126<sup>th</sup> Avenue, Coral Springs, Florida 33065.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The Company designates 236 E. 6<sup>th</sup> Avenue, Florida 32303 as the street address of the initial registered office of the Company and names Corporate Access, Inc., as the Company's initial registered agent at that address to accept service of process within this state.

**ARTICLE IV. MANAGEMENT**

The name and address of the initial Manager is as follows:

Title:

Name and Address:

Manager

James E. Rogers  
21410 N. 19<sup>th</sup> Avenue, #126  
Phoenix, Arizona 85027

Dated this 14<sup>th</sup> day of September, 2011

By: 

Eddie Williams, III, Esq.  
as its Authorized Representative

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DIVISION OF CORPORATIONS  
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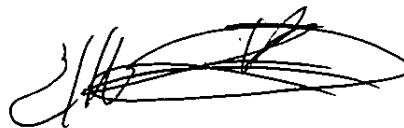
CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Science Care of Florida, LLC.
2. The name and address of the registered agent and office are:

Corporate Access, Inc.  
236 E. 6<sup>th</sup> Avenue  
Tallahassee, Florida 32303

By:



Eddie Williams, III, Esq.  
as its Authorized Representative

ACKNOWLEDGEMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I accept the appointment as registered agent and agree to act in that 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.

By:



Corporate Access, Inc.  
Registered Agent  
Dated: September 14, 2011