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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

DATE: February 13, 2012

TO: Registration Section Division of Corporations

SUBJECT: HealthCare Systems Consulting, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan J. Lopez
5781 Devon Street
Port Orange, Florida 32127

E-mail address: jalopez811@gmail.com
susanjsherman@gmail.com

For further information concerning this matter, please call:

Susan J. Lopez @ (407)-617-6765

Enclosed is a check for the following amount:

\$125.00 Filing Fee
\$ 30.00 Certified Copy
\$ 5.00 Certificate of Status
\$160.00 Total ✓

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION for
HealthCare Systems Consulting, LLC.
a FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: HealthCare Systems Consulting, LLC. To engage in any lawful activity related to professional business consulting.

ARTICLE II - Address:

The mailing address and street address of the principal office of HealthCare Systems Consulting, LLC.

5781 Devon Street
Port Orange, Florida 32127

Principal Office Address: Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Susan J. Lopez
5781 Devon Street
Port Orange, Florida 32127

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, F.S..



Susan J. Lopez
Registered Agent
HealthCare Systems Consulting, LLC.

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TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV- Manager:

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

"MGR" = Susan J. Lopez
5781 Devon Street
Port Orange, Florida 32127

ARTICLE V: Effective date, if February 9, 2012

REQUIRED SIGNATURE:



Susan J. Lopez, Manager, HealthCare Systems Consulting, LLC.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Susan J. Lopez, Manager, HealthCare Systems Consulting, LLC.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy
\$ 5.00 Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 17 AM 10:20

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