

L12000033205

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)



PICK-UP



WAIT



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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

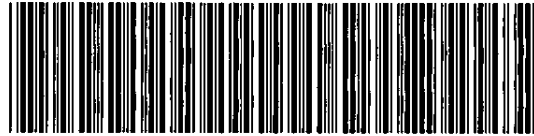
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR - 7 PM 12:18

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 MAR - 7 PM 12:22

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WHITSYMS HOME HEALTH CARE

AGENCY, LLC

Signature \_\_\_\_\_

Requested by: SETH

03/07/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

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\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ ☒ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
WHITSYMS HOME HEALTH CARE AGENCY, LLC  
A FLORIDA  
LIMITED LIABILITY COMPANY**

2012 MAR -7 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The undersigned, being authorized to execute and file these Articles, hereby certify that:

**ARTICLE I**

**Name:**

The name of the Limited Liability Company is:

**WHITSYMS HOME HEALTH CARE AGENCY, LLC**

**ARTICLE II**

**Address:**

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

**2605 W. Atlantic Ave.  
Building B, Suite 101-103B  
Delray Beach, FL 33445**

**ARTICLE III**

**Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

**Management:**

The Limited Liability Company is to be managed by the members. The names and addresses of the initial managing member is:

**DONOVAN ANDERSON  
2605 W. Atlantic Ave.  
Building B, Suite 101-103B  
Delray Beach, FL 33445**

**ARTICLE V**  
**Admission of Additional Members:**

The members shall have the right to admit additional members only upon the unanimous consent of all members.

**ARTICLE VI**  
**Members Rights to Continue Business:**

The remaining members of the limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, but neither the estate of any member, nor any member's heir, beneficiary or devisee shall become a member without the unanimous consent of all members.

**ARTICLE VII**  
**Regulations**

Any Regulations (as defined in Section 608.402(13) of the Act), relating to this Limited Liability Company must be in writing and signed by all of the Members.

**ARTICLE VIII**  
**Designation of Registered Agent**

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

**DAVID A. BEALE**  
**DAVID A. BEALE, P.A.**  
**55 S.E. 2<sup>nd</sup> Avenue, Suite 301**  
**Delray Beach, FL 33444**

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 21<sup>st</sup> day of February, 2012. In accordance with Section 608.408(3), Florida Statutes, the execution of the above constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
**DONOVAN ANDERSON, Member/Manager**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.**

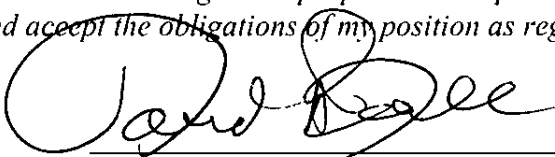
1. The name of the Limited Liability Company is:

**WHITSYMS HOME HEALTH CARE AGENCY, LLC**

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

**DAVID A. BEALE  
DAVID A. BEALE, P.A.  
55 S.E. 2<sup>nd</sup> Avenue, Suite 301  
Delray Beach, FL 33444**

*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.*



**DAVID A. BEALE**

February 21, 2012

FILED  
2012 MAR 18  
TALLAHASSEE, FLORIDA  
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