

42000044126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

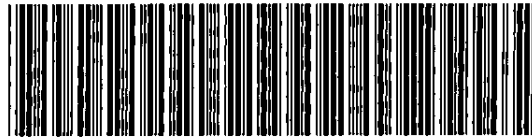
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900225791239

03/29/12--01007--010 **155.00

RECEIVED
12 MAR 29 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
MAR 30 2012
EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. ALL CARE HEALTH SERVICES,
(Corporation Name) (Document #)

2. PLLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

12 MAR 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
ALL CARE HEALTH SERVICES, PLLC.

The undersigned hereby subscribes to these Articles of Organization for a Professional Limited Liability Company under the Laws of the State of Florida.

ARTICLE I

The name of this Professional Limited Liability Company is:

ALL CARE HEALTH SERVICES, PLLC

ARTICLE II

The mailing address of the principal office of this Professional Limited Liability Company shall be 14359 MIRAMAR PARKWAY # 420, MIRAMAR, FL. 33027 and such other place or places as the members from time to time may determine.

The name and address of the initial registered agent is:

FRANCK PAPILLON
888 VANDA TERRACE
FORT LAUDERDALE, FL 33327

ARTICLE III

The period of duration for the Professional Limited Liability Company shall be perpetual unless sooner dissolved in accordance with the laws of the State of Florida. The date of existence shall begin upon the filing of these Articles of Organization and upon acceptance by the Secretary of State. This Professional Limited Liability Company may engage in the delivery of quality and primary healthcare to individuals in need of Healthcare Treatment and Diagnosis.

Without limiting any of the purposes, powers and objects of this Professional Limited Liability Company it is expressly declared and provided that this Professional Limited Liability Company shall have power in carrying on its own business, or for the purpose of accomplishment of any of the purposes or attainment of its objects, to make and perform contracts of any kind and description and to do any and all other acts, and to exercise any and all powers either as principal, agent or broker, conferred by the laws of Florida upon Professional Limited Liability Companies, and which a partnership or natural person could do and exercise, and which now or hereafter may be authorized by law.

FILED
12 MAR 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

The Professional Limited Liability Company shall be managed by the members with voting power prorata to their interest. The rights and duties of the members shall be set forth in the regulations of this Professional Limited Liability Company which are incorporated herein by reference.

The names and addresses of the initial members of this Professional Limited Liability Company are:

**FRANCK PAPILLON
888 VANDA TERRACE
FORT LAUDERDALE, FL 33327**

**MARIE O HENRY
888 VANDA TERRACE
FORT LARDERDALE, FL 33327**

The names and addresses of the managing member are:

**FRANCK PAPILLON
888 VANDA TERRACE
FORT LAUDERDALE, FL 33327**

**MARIE O HENRY
888 VANDA TERRACE
FORT LARDERDALE, FL 33327**

FILED
12 MAR 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

In the event of withdrawal, retirement, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, this Professional Limited Liability Company shall remain in existence and continue in business pursuant to the applicable provisions of the regulation.

ARTICLE VI

The members of the Professional Limited Liability Company shall adopt regulations containing all provisions for the regulations and management of this company which shall be consistent with the laws or these articles.

ARTICLE VII

A member's interest in this limited liability company may be transferred only with the unanimous written consent of all remaining members if the transferee intends to become a member.

ARTICLE VIII

The articles may be amended at any time by the unanimous consent of the members as deemed appropriate to facilitate the accomplishment of the purpose of the Professional Limited Liability Company, and the amendment shall be executed and duly filed with the Florida Department of State

FILED

12 MAR 29 AM 9:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the Professional Limited Liability Company is:

ALL CARE HEALTH SERVICES, PLLC

The name and address of the registered agent and office is:

**FRANCK PAPILLON
888 VANDA TERRACE
FORT LAUDERDALE, FL 33327**

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

Signature of Registered Agent

8/23/12

Date

The undersigned authorized representative, **FRANCK PAPILLON**, a member of ALL CARE HEALTH SERVICES, PLLC. Deposits and says:

The above named Professional Limited Liability Company has TWO (2) members.

FRANCK PAPILLON

Name of Authorized Representative of Member

Signature of Authorized Representative of Member

(In accordance with Section 608.408(3), Florida Statutes, and the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

FILED
12 MAR 29 AM 9:15
CLERK OF STATE
TALLAHASSEE, FLORIDA