

L120000096009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

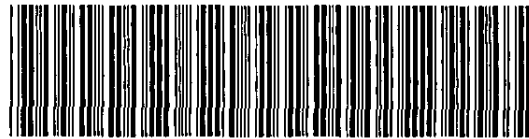
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL 24 AM 9:55
TALLAHASSEE, FLORIDA
JUL 24 PM 3:40

N. Gulligan JUL 25 2012

**CORPORATE
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LLC

1.

Connected Care, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

Articles of Organization
of
Connected Care, LLC

FILED
12 JUL 24 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby certifies that he is the Authorized Representative of one of the Members who is forming a Limited Liability Company under Florida Statutes Chapters 608. The following Articles of Organization are hereby adopted.

ARTICLE 1.
NAME

The name of the Limited Liability Company shall be Connected Care, LLC.

ARTICLE 2.
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of the date of filing.

ARTICLE 3.
MAILING ADDRESS; PRINCIPAL OFFICE

The mailing and street address of the principal office of the Limited Liability Company shall be 611 South Ft. Harrison, #354, Clearwater, Fl 33756.

ARTICLE 4.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

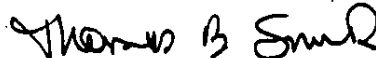
The address of the initial registered office of the Limited Liability Company is 360 Central Avenue, Suite 1200, St. Petersburg, Florida 33701 and the name of the registered agent is Thomas B. Smith.

ARTICLE 5.
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

The undersigned, being the Authorized Representative of one of the Members of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of Connected Care, LLC.

Executed by the undersigned on July 23, 2012.

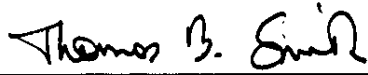


Thomas B. Smith

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for Connected Care, LLC. and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this July 23, 2012.



Thomas B. Smith

221495

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12 JUL 24 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA