

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Global Health Advisors, LLC

Certificate of Status	1
Certified Copy	1
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D. BRUCE
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
GLOBAL HEALTH ADVISORS, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **GLOBAL HEALTH ADVISORS, LLC.**

ARTICLE II: - Address

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

16795 NW 67th Avenue
Miami, Florida 33015

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

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

Corporate Creations Network, Inc.
11380 Prosperity Farms Road, Suite 221E
Palm Beach Gardens, FL 33410

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.

CORPORATE CREATIONS NETWORK, INC., as Registered Agent

By: _____

Name: Valene Hawk-Donohue, Special Secretary

Title: _____

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Florida on December 26, 2012.

Shannon E. Sullivan, as authorized representative of a Member

(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.)

Shannon E. Sullivan

Typed or printed name of signee

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