

L130000018960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

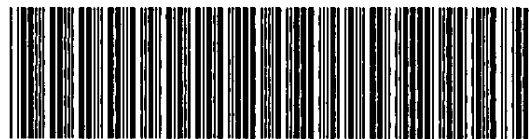
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000244232380

02/05/13--01021--025 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -5 AM 11:56

FEB 6 2013
T. HAMPTON

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRACTITIONERS HEALTHCARE NETWORK, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DIANE JOHN

Name of Person

PRACTITIONERS HEALTHCARE NETWORK, LLC

Firm/Company

4802 WEST COMMERCIAL BLVD

Address

TAMARAC, FL 33319

City/State and Zip Code

DJOHN10605@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE JOHN

Name of Person

at **954** **632-5750**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
PRACTITIONERS HEALTHCARE NETWORK, LLC

The understanding for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE 1 – NAME

The name of the limited liability company shall be:

PRACTITIONERS HEALTHCARE NETWORK, LLC

ARTICLE 2 – ADDRESS

The principal place of business of the Company in Florida shall be 4802 West Commercial Blvd, Tamarac, Florida 33319 and the mailing address shall be the same.

ARTICLE 3 - EFFECTIVE DATE

These Articles of Organization shall be effective immediately upon approval of the Secretary of State, State of Florida.

ARTICLE 4 – DURATION

The Company's existence shall terminate no later than 99 years from its date of commencement, unless the company is earlier dissolved as provided in these Articles of Organization.

ARTICLE 5 – PURPOSES AND POWERS

The general purpose for which the company is organized is to engage in any lawful business for which a limited liability company may be

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -5 AM 11:56

organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company.

ARTICLE 6 – REGISTERED OFFICE AND REGISTERED AGENT

The initial address of registered office of this Company is: 4802 West Commercial Blvd, Tamarac, Florida 33319. The name and address of the registered agent of this Company is: Diane John

ARTICLE 7 – ADMISSION OF NEW MEMBERS

No additional member(s) shall be admitted to the company except with the unanimous written consent of the entire member(s) of the company and upon such terms and conditions as shall be determined by all the member(s). A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other member(s) of the Company other than the members proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE 8 – TERMINATION OF EXISTENCE

The Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or manager, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there are at least one remaining member.

ARTICLE 9 – MANAGEMENT


The Company shall be managed by a manager or manager(s) in accordance with regulations adopted by the member(s) for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name of all such manager(s) who is/are to serve as manager(s) is/are:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB - 5 AM 11:56

Managing Member: Diane John

Whose addresses shall be the same as the principal office of the Company.
the laws of the State of Florida.

IN WITNESS WHEREOF, The undersigned, an authorized representative of
the members, has made and subscribed these articles of organization for the
foregoing uses and purposes, this January 30, 2013.

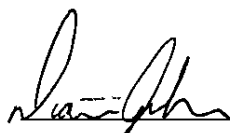


Diane John

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Diane John, having a business office identical with the registered office of
the corporation name above, and having been designated as the Registered
Agent in the above and foregoing Articles of Incorporation, is familiar with
and accepts the obligations of the position of Registered Agent under the
applicable provisions of the Florida Statutes.

Diane John

By: 

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -5 AM 11:56