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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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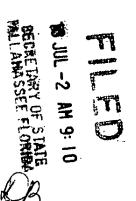
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TO ACKNOWLEDGE SUFFICIENCY OF FILING

PERSON OF CHAPPERATIONS

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(850) 245-6051.

### **COVER LETTER**

TO:

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Registration Section Division of Corporations

National Provider Alliance, 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:

# Melaney Cordell

Name of Person

# National Provider Alliance, LLC

Firm/Company

# 713 East Park Avenue

Address

# Tallahassee, Florida 32301

City/State and Zip Code

mimi0678@yahoo.com

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

For further information concerning this matter, please call:

# Melaney Cordell

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee ■\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$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 FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

National Provider Alliance, LLC.	
(Must end with the words "Lin	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
713 East Park Avenue	713 East Park Avenue
Tallahassee, Fi 32301	Tallahassee, Fl 32301
	gistered Office, & Registered Agent's Signatus:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Melaney Cordell  713 East Park Avenue	of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Melaney Cordell  713 East Park Avenue  Florida	of the registered agent are:

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..

Registered Agend's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR M	Melaney Cordell
	713 East Park Avenue
	Tallahassee, FI 32301
MG <b>R</b>	Ruben Garcia
	713 East Park Avenue
	Tallahassee, Fl 32301
	AZE JU
(Use attachment if necessary)	No. of the second secon
ICLE V: Effective date, if other than the	he date of filing: July 1, 2013
n effective date is listed, the date mu to or 90 days after the date of filing.)	ist be specific and cannot be more than five husines
,	<b>€</b> 5
	<del>-</del>

### **REQUIRED SIGNATURE:**

Signature of a member of an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Melaney Cordell

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)