

SEP 09 2013 11:52

Page 1 OF 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and/or number (shown below) on the top and bottom of all pages of the document.

((H13000199843 3)))



H130001998433ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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.
Millennium Healthcare, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

13 SEP -9 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP -9 AM 10:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 10 2013

Electronic Filing Menu

Corporate Filing Menu

Help

H13000199843 3

**ARTICLES OF ORGANIZATION FOR
MILLENNIUM HEALTHCARE, LLC**

FILED
13 SEP -9 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Limited Liability Company is:

MILLENNIUM HEALTHCARE, LLC

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company are 13221 Ponderosa Way, Fort Myers, Florida 33907.

**ARTICLE III
Management**


The Limited Liability Company shall be manager-managed.

**ARTICLE IV
Registered Agent and Registered Address**

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

Darrell C. Smith
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

In Witness Whereof, the undersigned has executed these Articles of Organization as an authorized representative of the managers and members this 6th day of September, 2013.



Darrell C. Smith, Authorized Agent

(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.)

H13000199843 3

H13000199843 3

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


PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.57, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **MILLENNIUM HEALTHCARE, LLC.**

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

Darrell C. Smith
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Darrell C. Smith, Registered Agent

H13000199843 3