# L13000133929

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

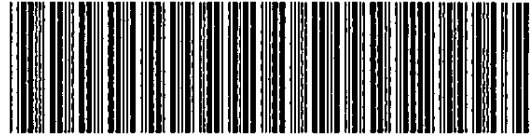☐ PICK-UP      ☐ WAIT      ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____      Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000251833020

09/20/13--01016--012   **160.00

(850) 245-6051.

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: **Aspyra Acquisition, 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:

**Gary Bennett**

Name of Person

**Aspyra Acquisition, LLC.**

Firm/Company

**9432 Baymeadows Rd. Suite 155**

Address

**Jacksonville, FL  32256**

City/State and Zip Code

**gbennett@aspyra.com**

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

For further information concerning this matter, please call:

**Gary Bennett**                  at (**904**) **854-2111**

Name of Person                   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐$125.00 Filing Fee     ☐$130.00 Filing Fee &      ☐$155.00 Filing Fee &      ■ $160.00 Filing Fee,
                          Certificate of Status         Certified Copy               Certificate of Status &
                                                        (additional copy is enclosed)  Certified Copy
                                                                                     (additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:
The name of the Limited Liability Company is:

Aspyra Acquisition, LLC.

(Must end with the words "Limited 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:**

9432 Baymeadows Road, Suite 155

Jacksonville, FL 32256

**Mailing Address:**

9432 Baymeadows Road, Suite 155

Jacksonville, FL 32256

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gary Bennett
_____
Name

4660 Meadow Run PL
_____
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32217    FL
_____
City, State, and Zip

*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 Agent's Signature (REQUIRED)

**(CONTINUED)**

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

**Title:**
"MGR" = Manager
"MGRM" = Managing Member

**Name and Address:**

MGR

J. Shawn Chalmers

705 SW 10th St. Suite 109

Blue Springs, MO 64015

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

Signature of a member or 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.)

J. Shawn Chalmers
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)