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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **RICKY SOTO**

DATE: **12/10/2013**

REF. #: **8983978**

CORP. NAME: **HEALTHWARE SOLUTIONS, LLC**

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70011193 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
HEALTHWARE SOLUTIONS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **Healthware Solutions, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

Healthware Solutions, LLC

ARTICLE II — Address:

The mailing address and the street address of the principal office of the Limited Liability Company is 3250 Mary Street, Coconut Grove, Florida 33133.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

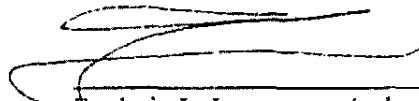
ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.



Frederic L. Levenson, *Authorized Signatory*

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

Healthware Solutions, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

NRAI Services, Inc.

By: 
Print Name: Michele Holden
Print Title: Assistant Secretary

Dated: Deceember 10, 2013

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA