

L14000044435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

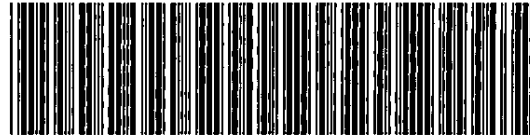
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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14 MAR 17 PM 01 21
SOUTHERN FLORIDA
TALLAHASSEE, FLORIDA

J. Silvers MAR 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greenleaf Medical Center, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Dean Curtis Bruschi
Name of Person

Firm/Company

4481 S.W. Boatramp Avenue
Address

Palm City, Florida 34990
City/State and Zip Code

d9ball@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Curtis Bruschi at (772) 621-1218
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Greenleaf Medical Center, 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:

Mailing Address:

Candy Media Group

128 Sussex G

West Palm Beach, FL 33417

Candy Media Group

128 Sussex G

West Palm Beach, FL 33417

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:

Dean Curtis Bruschi

Name

4484 S.W. Boatramp Avenue

Florida street address (P.O. Box **NOT** acceptable)

Palm City

City

FL 34990

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 605, F.S.

Dean Bruschi
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV — continued

Title:

Name and Address:

AMBR

Dean Curtis Bruschi
4484 S.W. Boatramp Avenue
Palm City, FL 34990

14 SEP 17 AM 10:21
SECURITY
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Gary Kabinoff
192 Bella Strano
Port St. Lucie, FL 34984

AMBR

Timothy Cheung
119 Steeple Circle
Jupiter, FL 33458

AMBR

James Joseph
128 Sussex G
West Palm Beach, FL 33417

AMBR

Randall Anderson
1463 S.E. Legacy Cove Circle
Stuart, FL 34997

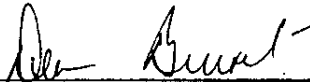
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Dean Curtis Bruschi

Typed or printed name of signer

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)