

L14000089540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

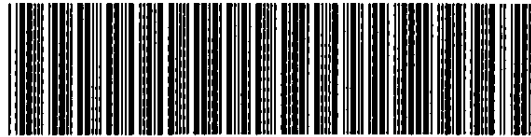
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/14--01014--010 **130.00

FILED
14 MAY 29 AM 11:43
TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENERAL HEALTH CONSULTING, 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:

Victor L Gonzalez

Name of Person

N/A

Firm/Company

3872 HERON RIDGE LANE

Address

WESTON, FLORIDA 33331

City/State and Zip Code

hcbcllc@yahoo.com

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

For further information concerning this matter, please call:

Carlos A. Gutierrez

at (954)

292-6217

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:

The name of the Limited Liability Company is:

GENERAL HEALTH CONSULTING, 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:

3872 HERON RIDGE LANE

3872 HERON RIDGE LANE

WESTON, FLORIDA 33331

WESTON, FLORIDA 33331

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:

CARLOS A. GUTIERREZ

Name

15522 FIORENZA CIRCLE

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

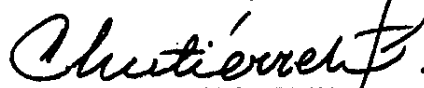
DELRAY BEACH

FL 33446

City

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 MAY 29 AM 11:43
SECRETARY OF STATE
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

MGR

Name and Address:

Victor L Gonzalez

3872 HERON RIDGE LANE

WESTON, FLORIDA 33331

MGR

Carmen Reiley- Gonzalez

3872 HERON RIDGE LANE

WESTON, FLORIDA 33331

(Use attachment if necessary)

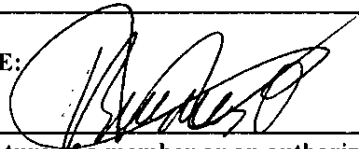
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

THIS CORPORATION IS CREATED TO AID MEDICAL PRACTICES WITH GUIDANCE AND SUPPORT
IN ALL MEDICAL MATTERS FROM THE CLINICAL AND COMPLIANCE WITH FEDERAL AND STATE
STAND POINTS.

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.)

VICTOR L. GONZALEZ

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)

14 MAY 29 AM 11:43
STATE
TALLAHASSEE, FLORIDA