

U14000104663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

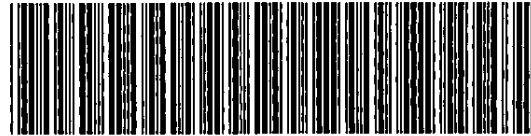
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/14--01015--031 **160.00

FILED
14 JUN 30 AM 10:31
TALLAHASSEE, FLORIDA

CSI Health, LLC
316 South Baylen Street
Suite 590
Pensacola, Florida 32502

telephone: 850-444-9330

facsimile: 850-444-9331

June 23, 2014

CSI Health, LLC
316 South Baylen Street, Suite 590
Pensacola, FL 32502

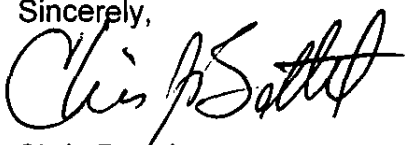
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please accept and process the enclosed Articles of Organization For Florida Limited Liability Company.

Feel free to contact me if you have any questions

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Battel". The signature is fluid and cursive, with the first name "Chris" and last name "Battel" clearly distinguishable.

Chris Battel
Manager

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CSI Health, 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:

316 S. Baylen SUITE 590
Pensacola, FL 32502

316 S. Baylen SUITE 590
Pensacola, FL 32502

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:

Chris Battel

Name

316 S. Baylen

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

Pensacola

FL 32502

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..

Chris Battel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Chris Battel

316 S. Baylen

Pensacola, FL 32502

(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.

Management of the limited liability company shall be vested in one or more Managers.

REQUIRED SIGNATURE:

Chris F Battel

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.)

Chris F Battel

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)

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