

L14000127480

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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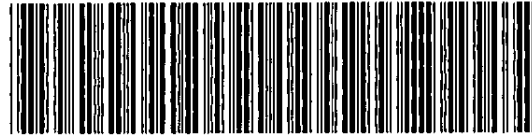
(Business Entity Name)

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LLC

1.

Optimal Patient CARE of the Nature
(CORPORATE NAME AND DOCUMENT #) Coast, LLC

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR
OPTIMAL PATIENT CARE OF THE NATURE COAST, LLC

ARTICLE I:

The name of the Limited Liability Company is OPTIMAL PATIENT CARE OF THE NATURE COAST, LLC.

ARTICLE II:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing: 4329 E. 7th Ave. ~~Ste 101~~ Street: 6471 Oregon Jay Rd.
Tampa, FL 33605 Brooksville, FL 34613

ARTICLE III:

The name and street address of the registered agent are:

RAFAEL BONA
4319 E. 7th Ave. Ste. 101
Tampa, FL 34605

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, Florida Statutes.

Signature of Registered Agent

Date: 8.12.12

ARTICLE IV:

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

OPTIMAL PATIENT CARE, LLC, Manager
4319 E. 7TH Ave.
Tampa, FL 33605

ARTICLE V:

The effective date is the date of filing.

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ARTICLE VI:

OPTIMAL PATIENT CARE OF THE NATURE COAST, LLC is a manager managed entity.

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 section 817.155, Florida Statutes.

Rafael Bona, Manager

Date: 8.12.14

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