

L14000136435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400261720784

08/26/14--01007--004 \*\*125.00

FILED  
2014 AUG 26 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 02 2014  
O. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTHFORCE CONSULTANT GROUP, 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:

JOSEPH SCURO

Name of Person

Firm/Company

13525 BARTRAM PARK Blvd unit 1931

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

DR JOSEPH SCURO @ AH.NET

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

For further information concerning this matter, please call:

JOSEPH SCURO

Name of Person

at ( 904 )

Area Code

510-5676

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

2014 AUG 26 PM 3:58  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHFORCE CONSULTANT GROUP, 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:

13525 BARTRAM PARK BLVD  
UNIT 1931  
JACKSONVILLE, FL 32258

Mailing Address:

13525  
13525 BARTRAM PARK BLVD  
UNIT 1931  
JACKSONVILLE, FL 32258

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:

JOSEPH SCURO  
Name

13525 BARTRAM PARK BLVD UNIT 1931

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

JACKSONVILLE FL 32258  
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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 AUG 26 PM 3:5  
CLERK 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

AMBR

**Name and Address:**

JOSEPH SCURO  
13525 BARTRAM PARK BLVD #1931  
JACKSONVILLE, FL 32258

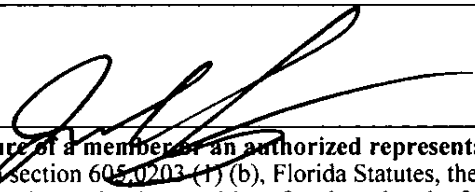
(Use attachment if necessary)

**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.)

JOSEPH SCURO

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)

FILED  
2014 AUG 26 PM 3:58  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA