

L14 000146F66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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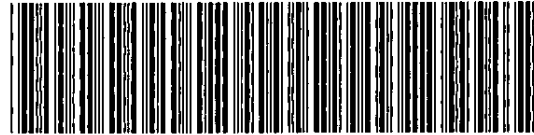
(Business Entity Name)

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CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **09/18/2014**

**REF. #:**           **9281945**

**CORP. NAME:**   **HYGEA FLORIDA, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70027551 FOR \$ 160.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$**\_\_\_\_\_

**PLEASE RETURN:**

- ☒ CERTIFIED COPY      ☒ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
HYGEA FLORIDA, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is HYGEA FLORIDA, LLC (the "Company").

**ARTICLE II  
Address**

The mailing address and the street address of the principal office of the Company is 8095 NW 12<sup>th</sup> Street, Suite 105, Doral, Florida 33126.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is NRAI Services, Inc. and the address of the Company's registered office is 1200 South Pine Island Road, Plantation, FL 33324.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a manager-managed company and the names and addresses of the initial managers are:

Edward Moffly  
8095 NW 12<sup>th</sup> Street  
Suite 105  
Doral, Florida 33126

Manuel E. Iglesias  
8095 NW 12<sup>th</sup> Street, Suite 105  
Suite 105  
Doral, Florida 33126

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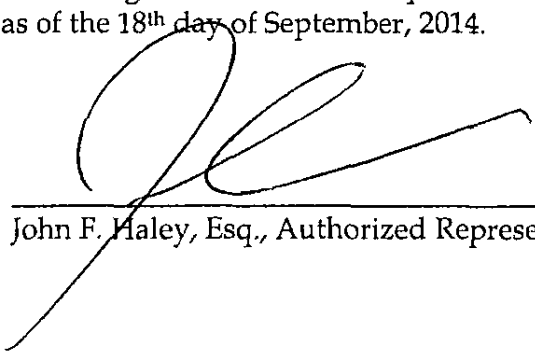
**ARTICLE VI**  
**Admission of Additional Members**

Members shall have the right to admit additional members as provided by the Florida Revised Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization as of the 18<sup>th</sup> day of September, 2014.

  
\_\_\_\_\_  
John F. Haley, Esq., Authorized Representative


**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **HYGEA FLORIDA, LLC**
2. The name and address of the registered agent and office is: **NRAI Services, Inc.,  
1200 South Pine Island Road, Plantation, FL 33324.**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

NRAI Services, Inc.

By:   
Name: Michele Holden  
Title: Assistant Secretary

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