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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
VETERANS HOME HEALTH SOLUTIONS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

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T. Burch OCT 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veterans Home Health Solutions, 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:

Robert L. Lax

Name of Person

Veterans Home Health Solutions, LLC.

Firm/Company

10000 SW 56TH ST
MIAMI, FL 33165

Address

City/State and Zip Code

robertlax@gmail.com

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

For further information concerning this matter, please call:

Robert L Lax

Name of Person

305

Area Code

322-4594

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:

Veterans Home Health Solutions, 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:

2250 SW 3rd Ave. #303
Miami, FL 33129

2250 SW 3rd Ave. #303
Miami, FL 33129

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:

Jason A. Redina

Name

2250 SW 3rd Ave

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

Miami

City

FL 33129

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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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:

Robert L. Lux

2250 SW 3rd Ave, #303

Miami, FL 33129

AMBR

Jason A. Reang

2250 SW 3rd Ave, #303

Miami, FL 33129

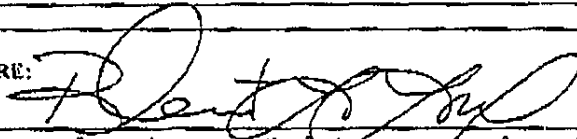
(Use attachment if necessary)

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 five 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.)

Robert L. Lux

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA



CREDIT CARD AUTHORIZATION FORM

I, Robert L. Lax, from company Veterans Home Health Solutions
give permission to Corp USA, to make an authorized charge to my
credit card in the amount of \$ 268.20

Amex, Mc, Vs, or Disc.: American Express

Card Number: 376774657923005

Expiration Date: 05/19

Name as it appears on card: Robert L. Lax

Billing Address of Credit Card: _____

6721 sw 135 Ave

Miami, FL 33183

Authorized Signature: _____

Please fax to Corp USA at (305)633-9696

If you have any question, please call (305)634-3694

Thank you!

Corp USA, formerly known as
Empire Corporate Kit Co.
2846 NW 79th Avenue
Doral, FL 33122
corpusa@corporatekits.com