

214000162588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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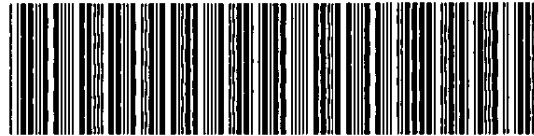
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
14 OCT 17 AM 11:54 OCT 17 AM 8:50  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

94  
10/20/14

CT

October 17, 2014

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9315133 SO  
Customer Reference 1: 0956800011  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

BENDCARE, LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**ARTICLES OF ORGANIZATION  
OF  
BENDCARE, LLC**

**ARTICLE I - Name:**

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

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Company is 377 East Coconut Palm Road, Boca Raton, Florida 33432.

**ARTICLE III - Registered Agent:**

The street address of the initial registered office of the Company shall be 377 East Coconut Palm Road, Boca Raton, Florida 33432, and the name of the initial registered agent of the Company at that address is Andrew Ripps.

**ARTICLE IV - Management:**

The Company is manager managed.

**ARTICLE V - Purpose:**

The business of the Company shall be to engage in any lawful act or activity permitted to a limited liability company under the laws of Florida.

**ARTICLE VI - Amendment:**

These Articles of Organization may be altered, amended or repealed by the members of the Company in accordance with Florida law.

**IN WITNESS WHEREOF**, the undersigned, pursuant to laws of the State of Florida, has executed these Articles of Organization as of October 14, 2014.



\_\_\_\_\_  
Andrew Ripps, Authorized Signatory

**FILED**  
14 OCT 17 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

*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 as provided for in Chapter 605, F.S.*

*Andrew A Ripps*

Andrew Ripps

**10/15/14**

Date: October \_\_\_\_\_, 2014

**FILED**  
**14 OCT 17 AM 8:50**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA