P.001

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000244972 3)))



H140002449723ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number: 105256001620

: (608)827-5300

Fax Number

: (608)827-5501

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

FLORIDA LIMITED LIABILITY CO. Quality NP Healthcare USA LLC -

Certificate of Status	0
Certified Copy	11
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

10/20/2014

T RPOWN

## FAX AUDIT # H14000244972 3

# ARTICLES OF ORGANIZATION OF Quality NP Healthcare USA LLC

ARTICLE I

NAME

The name of the limited liability company is: Quality NP Healthcare USA LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 6600 Gasparilla Pines Blvd. Unit 207, Englewood, Florida 34224.

#### ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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: \_\_\_\_\_ Date: October 20, 2014

Mark Williams, A.V.P. Business Filings Incorporated

#### ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Amanda Rees, 6600 Gasparilla Pines Blvd. Unit 207, Englewood, Florida 34224

FAX AUDIT # H14000244972 3

608 827 5501

608 827 5501 P.003

#### FAX AUDIT # H14000244972 3

### ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Date: October 20, 2014

(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 8.817.155, F.S.)

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

FAX AUDIT # H14000244972 3