

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.

(((H150000629163)))



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 : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number : 075201001473 Phone

: (561)955-7600

Fax Number

: (561)338-7099

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

<u>ichin@groupcaretech</u> Email Address:\_

## FLORIDA LIMITED LIABILITY CO.

SafeTrax, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION

## FOR FLORIDA LIMITED LIABILITY COMPANY

## SAFETRAX, LLC

ARTICLE I - NAME: The name of the limited liability company is SafeTrax, LLC (the "Company").

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 350 Camino Gardens Boulevard, Suite 102, Boca Raton, FL 33432. The street address of the principal office of the Company is 350 Camino Gardens Boulevard, Suite 102, Boca Raton, FL 33432.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

Scott H. Adams 350 Camino Gardens Boulevard, Suite 102 Boca Raton, FL 33432

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 in Chapter 605, Florida Statutes.

Scott H. Adams, Registered Agent's Signature

ARTICLE IV - The name and address of each person authorized to manage and controls the limited liability company are:

Title

Name and Address

Manager

Scott H. Adams

350 Camino Gardens Boulevard, Suite 102

Boca Raton, FL 33432

Manager

James Chin

350 Camino Gardens Boulevard, Suite 102

Boca Raton, FL 33432

ARTICLE V - Effective date, if other than the date of filing: April 1, 2015.

[Signature on following page]



**REQUIRED SIGNATURE:** 

Scott H. Adams, Authorized Person

(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.)

