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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

: (215)977-9386 Fax Number

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. HEADSTART VMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR	FLORIDA CIMITEI	LIABILITY COMPANY	
ARTICLE I - Name:			
The name of the Limited Liability Company is:			
HEADSTART VMS, LLC			
(Must end with the words "Limited	I Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal o	office of the Limited	Liability Company is:	
Principal Office Address:		Mailing Addres	<u>s</u> :
1373 Lancaster Road	137	3 Lancaster Road	
Manheim, PA 17545	Ma	nheim, PA 17545	
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	on.)	You must designate an indiv	idual or
W. Bradley Munroe,	Esquire		
	Name		
239 East Virginia Str	rect		
Florida street addres	s (P.O. Box NOT a	icceptable)	
Tallahassee	FL	32301	
City	State	Zip	
Having been named as registered agent and to accept servi			

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED

15 JUL -6 PM 3: 03

SECRETARY OF STATE A

(((H150001643533)))

the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E VI: Other provisions, if any. Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 Worthington. Jr., Authorized Representative Typed or printed name of signee 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)	Title:		Name and Address:	
James R. Sibel 1373 Lancaster Road Manheim, PA 17545			•	
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:			James R. Sibel	
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