ivision of Corporations

Page 1 of 1



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.

(((H150001920573)))



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) 617-6381

From:

Account Name : JOHN M WICKER PA

Account Number : I20070000104 Phone : (239) 939-2222

Fax Number : (239)939-2280

**Enter the email address for this business entity to be used for futu Email Address: Muckey Lawcew, Com

FLORIDA LIMITED LIABILITY CO. INTELEGENCE HEALTHCARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

AUG 1 0 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

AUDIT NO. H15000192057 3

15 AUG 10 AM 7: 42

ARTICLES OF ORGANIZATION

SECRE ARE HE BIATE **等人,所以各种下,只是种国际**

OF

INTELEGENCE HEALTHCARE, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE 1

The name of the Limited Liability Company is INTELEGENCE HEALTHCARE, LLC.

ARTICLE 2

The Limited Liability Company's period of duration shall be perpetual.

<u>ARTICLE 3</u>

The street address of the initial principal office of the Limited Liability Company is:

9430 Workmen Way Fort Myers, FL 33905

The mailing address of the Limited Liability Company is:

239-939-2280

9430 Workmen Way Fort Myers, FL 33905

ARTICLE 4

The name and street address of the initial registered agent in Florida shall be:

Name

<u>Address</u>

John M. Wicker

12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

ARTICLE 5

The management and control of the Limited Liability Company shall be vested initially in a Manager or group of Managers, and is therefore. Manager Managed,

ARTICLE 6

The name and address of each Manager, who shall manage and control the affairs of the Limited Liability Company, is:

Prepared by:

COSTELLO & WICKER, P.A.

John M. Wicker Fla. Bar No. 28637

P.O. Drawer 60205, Fort Myers, FL, 33906 (239) 939-2222 (voice) (239) 939-2280 (facsimile)

AUDIT NO. H15000192057 3

<u>Name</u>

<u>Address</u>

Steve Strickman

9430 Workmen Way Fort Myers, FL 33905

ARTICLE 7

The Limited Liability Company shall indemnify to the fullest extent permitted by the Florida Limited Liability Company Act its Members and or Managers.

ARTICLE 8

The power to adopt the operating agreement of the Limited Liability Company, to alter, amend or repeal the operating agreement of the Limited Liability Company shall be vested in the members of the Limited Liability Company. The operating agreement of the Limited Liability Company shall provide for the government of the Limited Liability Company and may contain any provisions or requirements for the management and control or conduct of the affairs and business of the Limited Liability Company not inconsistent with the provisions of these Articles or contrary to the laws of the State of Florida or of the United States.

ARTICLE 9

Any operating agreement entered into by the members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Articles of Organization of the INTELEGENCE HEALTHCARE, LLC, and acknowledged them to be his act on this the gray of August, 2015.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

John M. Wicker,

Authorized Representative of a Member

AUDIT NO. H15000192057 3

ACCEPTANCE OF DUTIES OF REGISTERED AGENT

Having been named to act as Registered Agent to accept service of process for the above named Limited Liability Company, at the place designated in these Articles of Organization, and being familiar with the obligations of this position, I hereby accept the duties of registered agent, agree to act in this capacity, and I further agree to comply with the provisions of Florida law relative to the proper and complete performance of my duties, as may be provided in Chapter 605, Florida Statutes.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Acceptance of Duties of Registered Agent of the INTELEGENCE HEALTHCARE, LLC, and acknowledged them to be his act on this the ______day of August, 2015.

John M. Wicker. Registered Agent