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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2015

2

JACOB STITELER 401 CANAL STREET NEW SMYRNA BEACH, FL 32168

SUBJECT: ACCURATE HEALTHCARE-DELAND, LLC

Ref. Number: W15000052816

We have received your document for ACCURATE HEALTHCARE-DELAND, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 215A00016503

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1 -	Name:
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The name of the Limited Liability Company is:

ACCURATE HEALTHCARE - DELAND, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

JACOB STITELER	401 CANAL STREET
401 Canal Street	NEW SMYRNA BEACH, FL. 32168
New Smyrna Beach, FL 32168	

ARTICLE III - Registered Agent, Rogistored Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

401 CANAL STREET

Florida street address (P.O. Box NOT acceptable)

NEW SMYRNA BRACH FLORIDA 32168

City State Zip

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.

Registated Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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"AMBR" = Authorized	Member			
"MGR" = Manager				
AMBR		JACOB STITELER 401 CANAL STREET NEW SMYRNA BBACH, FL 32168		
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Page 2 of 2

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)