

L/5000164524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

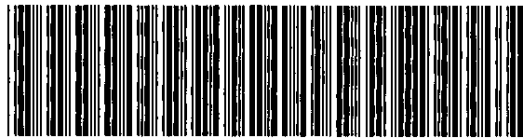
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

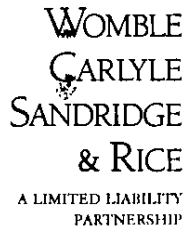


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SECRETARY OF STATE
DIVISION OF CORPORATION
15 SEP 21 PM 3:02

09/28/15



One Wells Fargo Center
301 South College Street
Suite 3500
Charlotte, NC 28202-6037
Telephone: (704) 331-4900
Fax: (704) 331-4955
www.wcsr.com

D. Scott Anderson
Direct Dial: (704) 331-4978
Direct Fax: (704) 343-4858
E-mail: scanderson@wcsr.com

September 18, 2015

VIA OVERNIGHT DELIVERY

New Filing Section
Division of Corporations
Florida Secretary of State
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Organization / SolidCare FL, LLC

Dear Sir or Madam:

In connection with the filing of the Articles of Organization for SolidCare FL, LLC, enclosed please find the following:

1. Check in the amount of \$155 for the Filing Fee and Certified Copy;
2. Cover Letter; and
3. Original Articles of Organization for Florida Limited Liability Company.

I request that you please file the enclosed Articles of Organization and return the Certified Copy of the filed Articles to my attention pursuant to the instructions in the Cover Letter.

Thank you for your assistance with this matter and please call me at (704) 331-4978 with any questions.

Very truly yours,

WOMBLE CARLYLE SANDRIDGE & RICE
Limited Liability Partnership



D. Scott Anderson

DSA:jdp
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SolidCare FL, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Scott Anderson

Name of Person

Womble Carlyle Sandridge & Rice, LLP

Firm/Company

One Wells Fargo Center
Suite 3500, 301 South College Street

Address

Charlotte, NC 28202-6037

City/State and Zip Code

ScAnderson@wcsr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Anderson at (704) 331-4978

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SolidCare FL, 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:

3820 Rose Lake Drive
Charlotte, NC 28217-2833

Mailing Address:

3820 Rose Lake Drive
Charlotte, NC 28217-2833

ARTICLE III - Registered Agent, Registered 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:

C T Corporation System

Name

1200 South Pine Island Road

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

<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
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.

By:


Registered Agent's Signature (REQUIRED)

Jin Song

Assistant Secretary

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Elizabeth S. Crippen

3820 Rose Lake Drive

Charlotte, NC 28217-2833

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or 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.

Elizabeth S. Crippen, Manager

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)