

L15000171294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

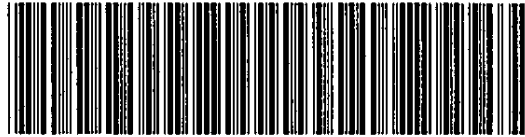
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Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT -5 AM 11:55

EFFECTIVE DATE 10/01/15

10/08/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida East Coast Healthcare Network, 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:

Leon Cohen, MD  
Name of Person

Florida East Coast Healthcare Network, LLC.  
Firm/Company

375 S. Courtenay Pkwy., Suite 1  
Address

Merritt Island, FL. 32952  
City/State and Zip Code

fechealthcare@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwight Jones at ( 321 ) 244-3418  
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:

Florida East Coast Healthcare Network, 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:

375 S. Courtenay Pkwy.  
Suite 1  
Merritt Island, FL. 32952

Mailing Address:

P.O. Box 410310  
Melbourne, FL.  
32941-0310

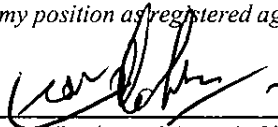
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Leon Cohen, MD  
Name  
375 S. Courtenay Pkwy., Suite 1  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
Merritt Island, FL. 32952  
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..

x   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Administrator

MGR

**Name and Address:**

Dwight Jones, MD  
P.O. Box 410310  
Melbourne, FL 32941-0310

Leon Cohen, MD  
375 S. Cartenay Pkwy, Ste 1  
Memitt Island, FL 32952

(Use attachment if necessary)

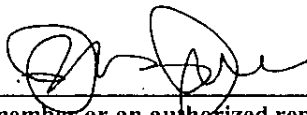
**ARTICLE V:** Effective date, if other than the date of filing: 10/01/15 (OPTIONAL)

(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.

Dwight Jones

Typed or printed name of signer

**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)