

L15000173305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

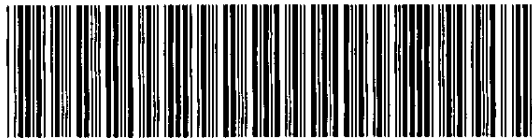
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF REVENUE  
15 OCT 13 AM 10:33  
TO ALL KNOWLEDGE  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 13 AM 11:50

OCT 13 2015

TSCHUBERT



**Wolters Kluwer**  
Corporate Legal Services

**CT Corporation**

515 East Park Avenue  
Tallahassee, FL 32301

850 558 1930 tel  
855 637 1628 fax  
[www.ctcorporation.com](http://www.ctcorporation.com)

October 13, 2015

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re:      Order #: 9730039 SO  
         Customer Reference 1:   None Given  
         Customer Reference 2:   None Given

Dear Department of State, Florida :

Please obtain the following:

Inspire Health Medical Services LLC (FL)  
Formation  
Florida

Inspire Health Medical Services LLC (FL)  
Cert Copy of Articles of Org  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INSPIRE HEALTH MEDICAL SERVICES 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:

Paulo Miranda  
Name of Person

PSM Corporate Services, Inc.  
Firm/Company

1001 Brickell Bay Drive Suite 2408  
Address

Miami, Florida 33131  
City/State and Zip Code

livia.vieira@psmcorporate.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Livia Vieira at (305) 466-3752  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration 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:

INSPIRE HEALTH MEDICAL SERVICES 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:

c/o Paulo Miranda  
1001 Brickell Bay Drive, Suite 2406  
Miami, FL 33131

Same as principal

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:

NRAI Services Inc.  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City 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.*

  
Registered Agent's Signature (REQUIRED)

Angel Nunez  
Assistant Secretary

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS  
15 OCT 13 AM 11:50

**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:

Adriana Jordao Visloli Aquino

1001 Brickell Bay Drive, Suite 2406

Miami, FL 33131

Member

Adriana Jordao Visloli Aquino

1001 Brickell Bay Drive, Suite 2406

Miami, FL 33131

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Livia Vieira

Signature of a member or an authorized representative of a member.

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

LIVIA VIEIRA

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)

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DIVISION OF CORPORATIONS  
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