

L15000184917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

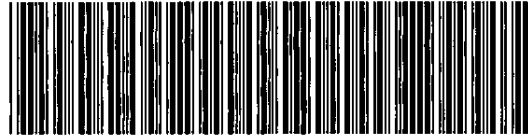
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT 29 PM 12:55

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**October 27, 2015**

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

**To Whom It May Concern:**

**Please find enclosed payment of \$130.00 as filing fee for Articles of Organization (enclosed) and Designation of Registered Agent (enclosed). The fee includes \$5.00 for Certificate of Status.**

**This is to establish the Florida Limited Liability Company: Health Planning Associates, LLC., with an effective date of January 1, 2015.**

**If you have any questions, my contact information is below.**

**Thank You,**

A handwritten signature in cursive script, appearing to read "Charles T. Corley", written in black ink.

**Charles T. Corley  
5412 Grove Valley Road  
Tallahassee, FL 32303  
850-544-0386, Cell (Preferred)  
850-562-8015, Home Phone**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Health Planning Associates, 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:

Charles T. Corley

Name of Person

Health Planning Associates, LLC

Firm/Company

5412 Grove Valley Road

Address

Tallahassee, FL 32303

City/State and Zip Code

chuck@hpafla.com

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

For further information concerning this matter, please call:

Charles Corley at ( 850 ) 544-0386  
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:

Health Planning Associates, 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:

5412 Grove Valley Road  
Tallahassee, FL 32303

Mailing Address:

5412 Grove Valley Road  
Tallahassee, FL 32303

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:

Charles Corley

Name

5412 Grove Valley Rd.

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

Tallahassee

FL

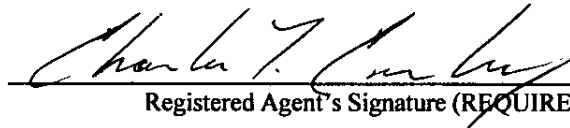
32303

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..*

  
Registered Agent's Signature (REQUIRED)

(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

AMBR

**Name and Address:**

Charles T. Corley

5412 Grove Valley Road

Tallahassee, FL 32303

AMBR

David Oropallo

3443 Almanac Road

Tallahassee, FL 32309

(Use attachment if necessary)

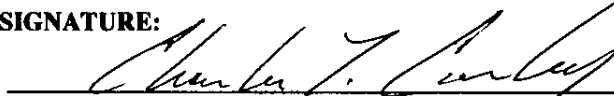
**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2016. (OPTIONAL)

(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.

Charles T. Corley

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)**