

L17000090499

(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



200297554672

RECEIVED
DEPARTMENT OF STATE
17 APR 21 PM 4:39

FILED
2011 APR 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 24 2017

** File 2nd*

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 610868 7862396

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 130.00

ORDER DATE : April 21, 2017

ORDER TIME : 3:05 PM

ORDER NO. : 610868-010

CUSTOMER NO: 7862396

DOMESTIC FILING

NAME: WELLMERICA, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

FILED
2017 APR 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellmerica, 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:

Gary C. Matzner, Esq.

Name of Person

Kopelowitz Ostrow Ferguson Weiselberg Gilbert

Firm/Company

2800 Ponce de Leon Blvd., Suite 1100

Address

Coral Gables, Florida 33134

City/State and Zip Code

matzner@kolawyers.com

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

For further information concerning this matter, please call:

Gary C. Matzner

305

384-7645

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 21 PM 4:16

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 APR 21 PM 4:16

Wellmerica, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1451 West Cypress Creek Road

Suite 300

Ft. Lauderdale, Florida 33309

1451 West Cypress Creek Road

Suite 300

Ft. Lauderdale, Florida 33309

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:

Gary C. Matzner

Name

2800 Ponce de Leon Blvd., Suite 1100

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

Coral Gables,

FL

33134

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..

Gary C. Matzner

By: 

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

President

Name and Address:

Jacob B. Halpert

1451 West Cypress Creek Road, Suite 300

Ft. Lauderdale, Florida 33309

Manager

Jacob B. Halpert

1451 West Cypress Creek Road, Suite 300

Ft. Lauderdale, Florida 33309

Vice President

Paul Rothman

1451 West Cypress Creek Road, Suite 300

Ft. Lauderdale, Florida 33309

Manager

Paul Rothman

1451 West Cypress Creek Road, Suite 300

Ft. Lauderdale, Florida 33309

(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.

Gary C. Matzner

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)

FILED
2017 APR 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Manager

Gary C. Matzner

2800 Ponce de Leon Blvd.

Suite 1100

Coral Gables, Florida 33134