

L17000108348

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RONALD J MARLOWE PA
Account Number : I20230000141
Phone : (813)575-0000
Fax Number : (813)575-5050

**LLC REVOCATION OF DISSOLUTION
ORIGIN HEALTH LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$105.00 |

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations
ORIGIN HEALTH LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ronald J. Marlowe, Esq.

Contact Person

Marlowe Law

Firm/Company

2202 N West Shore Blvd, Ste 200

Address

Tampa, FL 33607

City, State and Zip Code

ron@marlowe.law

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

For further information concerning this matter, please call:

Ronald J. Marlowe

813

575-0000

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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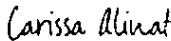
**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

ORIGIN HEALTH LLC

1. The name of the company is: _____
L17000108348
2. The document number of the company is _____
12/12/2023
3. The effective date the Dissolution was filed is _____
03/07/2024
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached.

DocuSigned by:



2298DAB8-09E9-44AC-86BD-A1A66B185316

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

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FILED
Dec 12, 2023
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

ORIGIN HEALTH LLC

The document number of the limited liability company: L17000108348

The file date of the articles of organization: May 16, 2017

A description of occurrence that resulted in the limited liability company's dissolution:

SOLD BUSINESS

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CARISSA ALINAT

Electronic Signature of authorized person