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2017-10-13 10:14:35 CDT
12122023573 from: Kimberly Laughrey
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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RECEIVED
17 OCT 13 PM 12:47
BUREAU OF COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.
InTeliCare Services FLI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: InTeliCare Services FL1, 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:

Christine Dziak

Name of Person

Ulmer & Berne LLP

Firm/Company

1660 West 2nd Street, Suite 1100

Address

Cleveland, Ohio 44113

City/State and Zip Code

ituttle@intelicarehs.com

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

For further information concerning this matter, please call:

Christine Dziak

216

583-7064

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

InTelCare Services H.L.L.C.

(Must contain 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:8198 Jog Road, Suite 201
Boynton Beach, FL 334728198 Jog Road, Suite 201
Boynton Beach, FL 33472

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:

Irene R. Tuttle

Name

8198 Jog Road, Suite 201Florida street address (P.O. Box NOT acceptable)Boynton Beach Florida 33472
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.

By:

Irene R. Tuttle

Registered Agent's Signature (REQUIRED)

(CONTINUED)

OCT 13 4:10 PM '17

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:

InTeliCare Health Services, LLC

8198 Jog Road, Suite 201

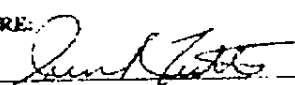
Bovnton Beach, FL 33472

(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.

Irene R. Tuttle, President and C.E.O./InTeliCare Health Services, LLC
 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)

To: **From:** Bridget Mann-Harrison

Fax: 118506176381 **Pages:** 5

Re: **Date:** Oct 13, 2017

Urgent For Review Please Comment Please Reply For Information

• Comments: