

Division of Corporations

Page 1 of 2

U8000146832

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000146832 3)))



H180001468323ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)344-1529

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ACUTE BENEFITS GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2018 MAY 10 PM 2:54

OPERATIONS
COMMERCIAL
REGISTRATION SERVICES

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 MAY 10 AM 9:20

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H18000146832 3

**ARTICLES OF ORGANIZATION
OF
ACUTE BENEFITS GROUP, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be ACUTE BENEFITS GROUP, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

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

Mailing Address: P.O. Box 152714
Cape Coral, Florida 33915

Street Address: 2814 SW 25th Street
Cape Coral, Florida 33914

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

<u>Name</u>	<u>Address</u>
HF REGISTERED AGENTS, LLC	1715 Monroe Street Fort Myers, Florida 33901

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful business concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FAX AUDIT NO.: H18000146832 3

APPROVED
AND
FILED

18 MAY 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H18000146832 3

ARTICLE VI-MANAGEMENT OF THE COMPANY

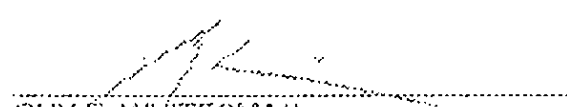
The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as Manager of the Company until his successor is elected and qualified:

<u>Name</u>	<u>Address</u>
PATRICK ALAN SHULER	P.O. Box 152714 Cape Coral, Florida 33915

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 10th day of May, 2018.


GUY E. WHITESMAN
Authorized Representative

FAX AUDIT NO.: H18000146832 3

FAX AUDIT NO.: H18090146832 3

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

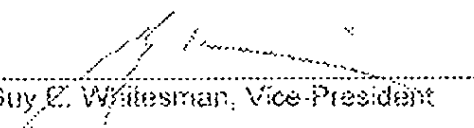
1. The name of the limited liability company is: ACUTE BENEFITS GROUP, LLC.
2. The name and address of the registered agent and office are:

HF Registered Agents, LLC
1715 Monroe Street
Fort Myers, Florida 33901

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.

HF REGISTERED AGENTS, LLC
Registered Agent

By:


Guy E. Whitesman, Vice-President

FAX AUDIT NO.: H18090146832 3