

L190000036071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

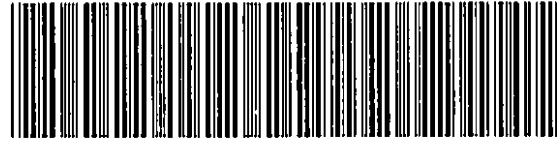
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300324300813

19 FEB 12 PM 12:09

FILED  
19 FEB 12 AM 10:58  
FEB 12 2012  
FEB 12 2012  
FEB 12 2012

T SCHROEDER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 2/12/19**

**NAME: 535 HEALTH LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I      NAME**

The name of the Limited Liability Company is:

535 HEALTH, LLC

## **ARTICLE II      ADDRESS**

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

16528 NW 204TH STREET

HIGH SPRINGS, FLORIDA 32643

## **ARTICLE III      REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

NORTHWEST REGISTERED AGENT LLC

7901 4TH STREET N, STE 300

ST PETERSBURG, FLORIDA 33702

*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.*

X Tom Glover

TOM GLOVER / Registered Agent's signature

FILED  
19 FEB 12 AM 10:58  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
ST. PETERSBURG

PAGE 2      535 HEALTH, LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

DWAYNE THOMAS

16528 NW 204TH STREET

HIGH SPRINGS, FLORIDA 32643

AUTHORIZED MEMBER

TROY RUMORE

21575 NW 217TH DRIVE

HIGH SPRINGS, FLORIDA 32643

FILED  
19 FEB 12 AM 10:58  
CLERK OF DISTRICT COURT  
JANUARY 11, 2019

-----  
X Dwayne Thomas  
DWAYNE THOMAS / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*