

L19000096437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

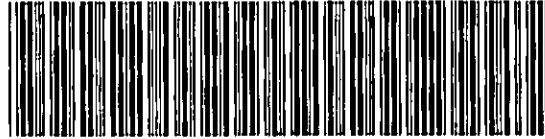
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19 APR 12 PM 4: 29
SECRETARY OF STATE
ALLAHSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMS SAFETY & HEALTHCARE TRAINING CENTER, 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:

PAMELA M TURNER
Name of Person

EMS SAFETY & HEALTHCARE TRAINING CENTER, LLC
Firm/Company

2216 NORTH 43RD STREET
Address

FORT PIERCE FLORIDA 34946
City/State and Zip Code

pturner7675@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA M TURNER 772 626-5574
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:

EMS SAFETY & HEALTHCARE TRAINING CENTER, LLC.

(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:

2303 N US 1 HIGHWAY SUITE 23
FORT PIERCE FLORIDA 34946

2216 NORTH 43RD ST.
FORT PIERCE FL 34946

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:

PAMELA M TURNER
Name

2216 NORTH 43RD STREET

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

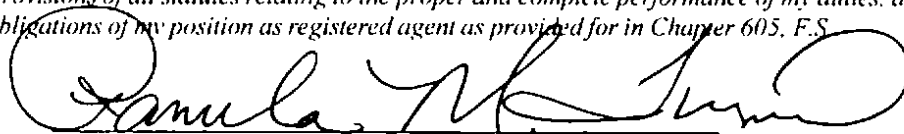
FORT PIERCE FL 34946

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 APR 12 PM 4:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR (m)

AMBR

AMBR

Name and Address:

RUTH WYNTER
318 ESSEX DRIVE
FORT PIERCE FL 34942

MATTEO LEGER (m)
2216 NORTH 43RD STREET
FORT PIERCE FL 34946 (m)

APRIL RYMER
7191 W. Oakland Park Blvd
Lauderhill, FL 33313

ANGELA ALLEYNE
465 Concord Ave
Fort St. Lucie, FL 34982

(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:

Angela Alleyne
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.

ANGELA ALLEYNE
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)