

L200000 39533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

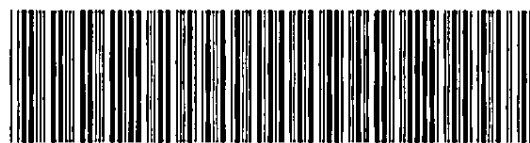
(Business Entity Name)

(Document Number)

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JAN 16 2020

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN 16 PM 6:46

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Elevare Health, 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:

Charles W. Smithers, Jr.

Name of Person

Healthcare Performance, Inc.

Firm/Company

162 Via Tisdelle Street

Address

Orange Park, Florida 32073-5656

City/State and Zip Code

hpicpal@gmail.com

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

For further information concerning this matter, please call:

Charles W. Smithers, Jr.

904

412-1824

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:

Elevare Health, 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:

162 Via Tisdelle Street

Orange Park, Florida 32073-5656

Mailing Address:

162 Via Tisdelle Street

Orange Park, Florida 32073-5656

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:

Charles W. Smithers, Jr.

Name

162 Via Tisdelle Street

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

Orange Park

Florida

32073-5656

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.

Charles W. Smithers, Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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; MGR

Name and Address:

Richard W. Gray

1637 Lake Ella Drive

Tallahassee, FL 32303

AMBR; MGR

Brian R. Klepper

718 Peranna Place

Charlotte, NC 28211

AMBR; MGR

Charles W. Smithers, Jr.

162 Via Tisdelle Street

Orange Park, FL 32073

MGR

Mark Miller

2615 Centennial Blvd., Suite 101

Tallahassee, FL 32308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 15, 2020. (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.

Charles W. Smithers, Jr.

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)

ARTICLE IV- Continued

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR; MGR

William H. Bestermann, Jr., MD
3 Amsterdam Lane
Simpsonville, SC 29681

MGR

Cavalcade Health, LLC
c/o Lee Lewis
6630 Gaston Avenue
Dallas, TX 75214