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**COVER LETTER**

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

**SUBJECT:** OWCP AR AND RECOVERY SPECIALISTS, 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:

Lance O. Leider, Esquire

\_\_\_\_\_  
Name of Person

The Health Law Firm

\_\_\_\_\_  
Firm/Company

1101 Douglas Avenue, Suite 1000

\_\_\_\_\_  
Address

Altamonte Springs, Florida 32714

\_\_\_\_\_  
City/State and Zip Code

lleider@thehealthlawfirm.com

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

For further information concerning this matter, please call:

Lance O. Leider, Esquire

407

331-6620

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

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
OF  
OWCP AR AND RECOVERY SPECIALISTS, LLC**

**ARTICLE I**

**Name and Duration**

The name of this Limited Liability Company is OWCP AR AND RECOVERY SPECIALISTS, LLC (hereinafter referred to as the "Company"). The duration of the Company shall be perpetual, commencing when accepted for filing by the Secretary of State.

**ARTICLE II**

**Principal Office**

The mailing address and street address of the principal office of the Company is 2995 Atwood Drive, Clearwater, Florida 33761, or such other place as the Members may determine from time to time.

**ARTICLE III**

**Registered Office and Agent**

The address of the registered office of the Company in the State of Florida is 2995 Atwood Drive, Clearwater, Florida 33761. The name of the registered agent at such address is Christopher Helms.

**ARTICLE IV**

**Company Purposes, Powers and Rights**

1. The nature of the business to be conducted or promoted and the purposes of the Company is to conduct any and all business permitted by law as the members see fit.
2. The Company shall have all of the powers granted to a limited liability company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Chapter 605, Florida Statutes.
3. In furtherance of its purposes, the Company shall have all of the general and specific powers and rights granted to and conferred on a company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Chapter 605, Florida Statutes.

## **ARTICLE V**

### **Members**

1. The initial members of the Company (the "Members") are set forth in the Company's records dated as of the date hereof.
2. Additional Members may be admitted from time to time only upon the written consent of the Members as permitted by the Operating Agreement of the Company.

## **ARTICLE VI**

### **Amendment**

The Members shall have the right to amend, alter, change, or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by a written agreement among the Members and all rights conferred upon Members herein are granted subject to this reservation.

## **ARTICLE VII**

### **Regulations**

The power to adopt, alter, amend or repeal an Operating Agreement (Regulations) for the management of this Company shall be vested in the Members.

## **ARTICLE VIII**

### **Transferability of Members' Interest**

A Member's interest in the Company may be transferred only to the terms of a written agreement among the Members, without such consent, the transferee shall not be entitled to become a Member of the Company, but shall be entitled only to the share of profits, other compensation or return of contributions to which the transferor otherwise would be entitled.

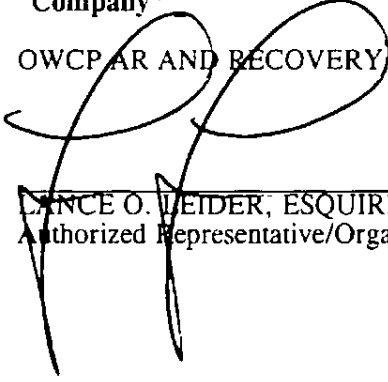
The undersigned, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, does execute, file and record these Articles of Organization, and does certify that the facts herein stated are true.

DATED as of the 17th day of January, 2019.

"Company"

OWCP AR AND RECOVERY SPECIALISTS, LLC

By:

  
LANCE O. WEIDER, ESQUIRE  
Authorized Representative/Organizer

### REGISTERED AGENT CERTIFICATE

Pursuant to the Florida Limited Liability Company Act, the following is submitted, in compliance with the statute:

That OWCP AR AND RECOVERY SPECIALISTS, LLC, desiring to organize under the laws of the State of Florida, with its registered office, as indicated in the Articles of Organization, has named Christopher Helms, located at the registered office, as its registered agent to accept service of process and perform such other duties as are required in the State.

### ACKNOWLEDGMENT

Having been named to accept service of process and serve as registered agent for the above-stated Company, at the place designated in this Certificate, the undersigned, by and through its duly elected officer, hereby accepts to act in this capacity, and agrees to comply with the provision of the statute relative in keeping open the office, and further state that I am familiar with Chapter 605, Florida Statutes, and the requirements of a registered agent.

OWCP AR AND RECOVERY SPECIALISTS, LLC

By: CE HQ  
DATED: January 17, 2020

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