

L20000134866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

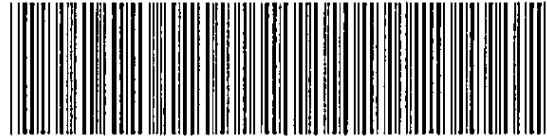
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/26/20--01001--004 \*\*125.00

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2020 MAY 22 PM 3:55

STATE  
TALLAHASSEE, FLORIDA

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2020 MAY 22 AM 11:34

STATE  
TALLAHASSEE, FLORIDA

MAY 26 2020

K. Brumbley

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 05/22/2020

☐ **CERTIFIED COPY** \_\_\_\_\_  
**xx** **PHOTOCOPY** \_\_\_\_\_  
☐ **CUS** \_\_\_\_\_  
**xx** **FILING** LLC \_\_\_\_\_

1. **NANDY HEALTH CARE PROFESSIONALS, LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NANDY HEALTH CARE PROFESSIONALS, LLC.**

THE UNDERSIGNED SUBSCRIBES TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

**ARTICLE I**

THE NAME OF THE ORGANIZATION IS:

**NANDY HEALTH CARE PROFESSIONALS, LLC.**

**ARTICLE II**

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOW: TO CONDUCT BUSINESS IN THE FIELD OF HEALTH AS A NURSE PRACTITIONER AND ANY OF THE SIDELINES THERETO, AND ANY OTHER BUSINESS THE BOARD MAY APPROVE FROM TIME TO TIME, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: TURNER AND MELENDEZ ACCOUNTANTS, INC  
7540 US HIGHWAY ONE SUITE 103  
LANTANA, FL 33462  
TEL : ( 561 ) 582-3046 FAX : ( 561 ) 582-0899

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### **ARTICLE III**

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS:

**5829 STRAWBERRY LAKES CIRCLE,  
LAKE WORTH, FL 33463**

PALM BEACH COUNTY, FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

### **ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. ROSE TOUSSAINT, ADDRESS: 5829 STRAWBERRY LAKES CIRCLE, LAKE WORTH, FL 33463.

### **ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY:

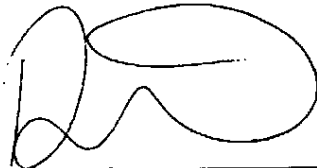
  
\_\_\_\_\_  
ROSE TOUSSAINT

**ARTICLE V**

THE NAME AND POST OFFICE ADDRESS OF THE MANAGER OF ORGANIZATION:

ROSE TOUSSAINT  
5829 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463

**MANAGER'S SIGNATURE**

A handwritten signature in black ink, appearing to be 'RT', written over a horizontal line.

ROSE TOUSSAINT