

Division of Corporations

Florida Department of State  
Division of Corporations/  
Electronic Filing Center Sheet  
**1210001741443**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000174144 3)))



H210001741443ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.  
Account Number : I20200000174  
Phone : (239)262-5303  
Fax Number : (239)262-6030

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: conrad@swfloridalaw.com

**FLORIDA LIMITED LIABILITY CO.**

**Virtualz Care, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

H21000174144 3

**COVER LETTER****TO:** New Filing Section  
Division of Corporations**SUBJECT:** Virtualz Care, 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:

Amber R. Mondock, Esq.

Name of Person

Law Office of Conrad Willkomm, P.A.

Firm/Company

3201 North Tamiami Trail, Second Floor

Address

Naples, FL 34103

City/State and Zip Code

Amber@swfloridalaw.com

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

For further information concerning this matter, please call:

Amber

239

262-5303

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 AddressNew Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressNew Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H21000174144 3

H21000174144 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Virtualz Care, 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:1001 E. Main Street, Suite E  
St. Charles, IL 60174Mailing Address:1001 E. Main Street, Suite E  
St. Charles, IL 60174**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:

Law Office of Conrad Willkomm, P.A.

Name

3201 North Tamiami Trail, Second FloorFlorida street address (P.O. Box **NOT** acceptable)NaplesFL34103

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)

H21000174144 3

H21000174144 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRJon Hardison  
1001 E. Main Street, Suite E  
St. Charles, IL 60174MGRDavid Hoglund  
2225 Sutton Drive  
South Elgin, IL 60177

(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.This is a manager managed company.Any manager may take any action on behalf of the company without consent of the members.**REQUIRED SIGNATURE:**Jon Hardison  
Jon Hardison (Apr 29, 2021 15:59 CDT)**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.

Jon Hardison

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)

H21000174144 3