

L22000426475

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

*Please see
Correspondence
enclosed.*

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.

((H22000326054 3)))



H220003260543ABCY

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 : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

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

Email Address: Corporate@comitersinger.com

**FLORIDA LIMITED LIABILITY CO.
HFP WSI, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

22 OCT -3 PM 12:35
FAX
MAIL ROOM

PH 12:47
2022 OCT 03 PM 12:47

Electronic Filing Menu

Corporate Filing Menu

Help

Copy



**COMITER, SINGER
BASEMAN & BRAUN**

ATTORNEYS AT LAW

RICHARD B. COMITER
MICHAEL S. SINGER
ALAN H. BASEMAN
KEITH B. BRAUN
ANDREW R. COMITER
LISA Z. HAUSER
MARK R. BROWN

OWEN EVANS
DEVON M. GOLDBERG
ANTONIO P. ROMANO
BRIAN M. SPIRO
CHRISTOPHER C. WEEG

OFFICE ADMINISTRATOR:
MERYL S. FRID

GIANNINA E. SMITH
ASHLEY A. GIGNAC
ADAM J. SMITH
BRAD R. GOULD
DARYL J. KRAUZA

OF COUNSEL:
PATRICIA LEBOW

DATE: October 3, 2022

TIME: 11:50 AM

OPERATOR SENDING FAX: Rebecca A. Byers, Certified Paralegal

TO: Division of Corporations

FROM: Andrew R. Comiter, Esq.

FAX: 850-617-6381

RE: HFP WSI, LLC

NUMBER OF PAGES (including cover sheet): 6

Good morning:

I hope you're all doing well! We sent the enclosed fax for HFP WSI, LLC on September 20, 2022 and have not received confirmation of the filing. We have sent in other filings and received those back, so this filing may have been missed by your office.

Please form this entity at your earliest convenience with the filing date of September 20, 2022, the date it was sent to your office.

Thank so much!

The information contained in this facsimile message is attorney privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect), and return the original message to us at the above address via the U.S. Postal Service. Thank you.

22 OCT -3 PM 11:50
FAX RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

HA2000326054 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HFP WSI, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew R. Comiter, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3825 PGA Blvd., Suite 701

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

corporate@comitersinger.com

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

For further information concerning this matter, please call:

Andrew Comiter

561

626-2101

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
22 OCT -3 PM 12:35

HR2000326054 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HFP WSI, 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:

11856 Foxbriar Lake Trail
Boynton Beach, FL 33473

11856 Foxbriar Lake Trail
Boynton Beach, FL 33473

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:

Comiter, Singer, Baseman & Braun, LLP

Name

3825 PGA Blvd., Suite 701

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

Palm Beach Gardens FL 33410

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)

FILED
22 OCT -3 PM 12:35
STATE OF FLORIDA
TALLAHASSEE

HRB000326054 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:

MGR

Healthcare Funding Partners, LLC
11856 Foxbriar Lake Trail
Boynton Beach, FL 33473

(Use attachment if necessary)

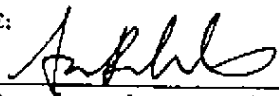
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Andrew R. Comiter, Authorized Representative

Typed or printed name of signer

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)

22 OCT -3 PM 12:35
STATE OF FLORIDA
DEPARTMENT OF STATE