

L230000142186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

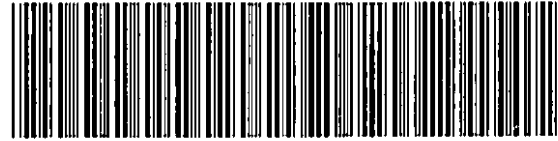
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CHATHAM
MAR 27 2023

SECRET
TALLAHASSEE, FL

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TALLAHASSEE, FL

2023 MAR 27 PM 2:46

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/27/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1133343

ORDER ENTITY

MELIORA HEALTHCARE MANAGEMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MELIORA HEALTHCARE MANAGEMENT, LLC (FL)

New LLC filing

Please honor original date.

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "Ug" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2023

INCSERV

SUBJECT: MELIORA HEALTHCARE MANAGEMENT, LLC
Ref. Number: W23000041461

We have received your document for MELIORA HEALTHCARE MANAGEMENT, LLC. However, the document has not been filed and is being returned for the following:

Please ensure the addresses are correct.,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 823A00007021

COVER LETTER

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

SUBJECT: Meliora Healthcare Management, 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:

Cicely R. Perry

Name of Person

Elizabeth Morgan & Associates

Firm/Company

7710 N FM 620 Rd, Building 13C, Suite 100

Address

Austin, Texas 78726

City/State and Zip Code

cperry@emalegal.com

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

For further information concerning this matter, please call:

Cicely R. Perry 512 767-7148

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Meliora Healthcare Management, 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:

708 Goodlette-Frank Road N, 2nd Floor
Naples, Florida 34102

Mailing Address:

708 Goodlette-Frank Road N, 2nd Floor
Naples, Florida 34102

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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

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

Tallahassee

Florida

32301

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.

Meliora A. Moreau

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Albeldawi, Mazen
708 Goodlette-Frank Road N, 2nd Floor
Naples, Florida 34102

MGR

Patel, Vishal
708 Goodlette-Frank Road N, 2nd Floor
Naples, Florida 34102

MGR

Patel, Vinay
708 Goodlette-Frank Road N, 2nd Floor
Naples, Florida 34102

(Use attachment if necessary)

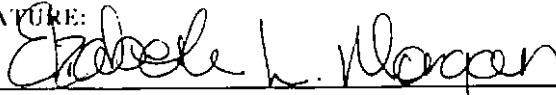
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(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.

Elizabeth L. Morgan

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)

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STATE
OFFICE
TALLAHASSEE, FL