

L23000542520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

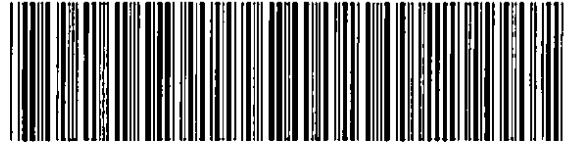
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900419806259

12/04/23--01035--000 \*\*150.00

CLERK OF STATE  
TALLAHASSEE, FL

2023 DEC -4 AM 8:22

FILED

**COVER LETTER**

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

**SUBJECT:** TransforMed Healthcare 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:

Deborah L. Thompson

Name of Person

TransforMed Healthcare LLC

Firm/Company

21516 Halstead Drive

Address

Boca Raton, FL 33428

City/State and Zip Code

DebThompson3711@gmail.com

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

For further information concerning this matter, please call:

Deborah Thompson      630      750-4317  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2023 DEC -4 AM 8:22  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TransforMed Healthcare 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:**

20423 State Rd 7, F-10

Suite 28

Boca Raton, FL 33428

**Mailing Address:**

21516 Halstead Drive

Boca Raton, FL 33428

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:

Deborah Thompson

Name

21516 Halstead Drive

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

Boca Raton

FL

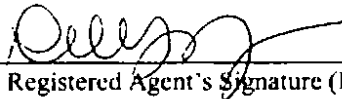
33428

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)

**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

Deborah Thompson  
21516 Halstead Drive  
Boca Raton, FL 33428

AMBR

Michael Thompson  
21516 Halstead Drive  
Boca Raton, FL 33428

AMBR

Andrew Thompson  
420E Church Street Unit 656  
Orlando, FL 32801

(Use attachment if necessary)

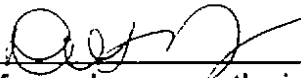
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.

Deborah Thompson

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)

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 DEC -4 AM 8:22

FILED