

L24000013935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

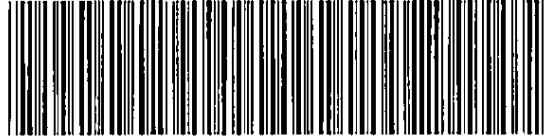
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2.24.24 - P. 5:55



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P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 01/05/2024

Name: Patrice Rush

Reference #: 2233108

Entity Name: JASPER HEALTH SERVICES FLORIDA, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 



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Signature: 

**COVER LETTER**

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

**SUBJECT:** \_\_\_\_\_ : Jasper Health Services Florida, 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:

\_\_\_\_\_  
Greg Orr  
Name of Person

\_\_\_\_\_  
: Jasper Health Services Florida, LLC  
Firm/Company

\_\_\_\_\_  
950 W Bannock St, Ste 1100, Box 9160  
Address

\_\_\_\_\_  
Boise, ID 83702  
City/State and Zip Code

\_\_\_\_\_  
greg@hellojasper.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Greg Orr  
Name of Person

at (\_\_\_\_\_  
702  
Area Code

) \_\_\_\_\_  
4195668  
Daytime Telephone Number

Enclosed is a check for the following amount:

|                     |  |  |  |
|---------------------|--|--|--|
| \$125.00 Filing Fee | \$130.00 Filing Fee &<br>Certificate of Status | \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jasper Health Services Florida, 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:**

950 W Bannock St, Ste 1100

Box 9160

Boise, ID 83702

**Mailing Address:**

950 W Bannock St, Ste 1100

Box 9160

Boise, ID 83702

**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:

Cogency Global Inc.

Name

115 North Calhoun Street, Suite 4

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..*

Lauren Thorne Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024  
1  
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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Jasper Health, Inc.

950 W Bannock St, Ste 1100, Box 9160

Boise, ID 83702

(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:**

DocuSigned by:

Greg Orr

0B4F220F35874D09

**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.

Greg Orr

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)**

2024