

L240000093738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

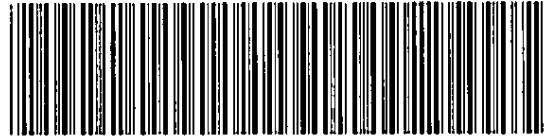
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

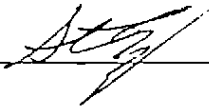
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Directway Health LLC

Please Debit FCA000000003 For: 125

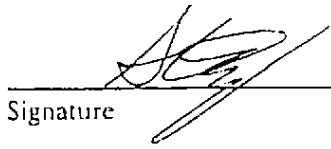
Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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TALLAHASSEE
FILE

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Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION

FOR

DIRECTWAY HEALTH LLC

ARTICLE I - NAME

The name of the limited liability company **DIRECTWAY HEALTH LLC**.

ARTICLE II - ADDRESS

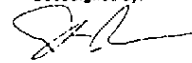
The mailing address and the street address of the principal office of the company is **1664 N DRIVE, SARASOTA, FLORIDA 34239**.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

**JEREMY SCHWIMMER
1664 NORTH DRIVE
SARASOTA, FLORIDA 34239**

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 the Florida Statutes.

DocuSigned by:

E078C8AA7644CB

JEREMY SCHWIMMER

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SARASOTA, FL

ARTICLE IV - MANAGEMENT

The business and affairs of the limited liability company shall be managed by:

**JEREMY SCHWIMMER
1664 NORTH DRIVE
SARASOTA, FLORIDA 34239**

The member is:

**JEREMY SCHWIMMER
1664 NORTH DRIVE
SARASOTA, FLORIDA 34239**

ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: 2/23/2024

DocuSigned by:

E07868AAA7644CB
JEREMY SCHWIMMER

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CLERK OF DISTRICT COURT
HALLANDALE BEACH, FL