

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L240002327A
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.

((H24000188420 3)))



H240001884203ABC\$

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 : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: fjmilfort@aol.com

**FLORIDA LIMITED LIABILITY CO.
CASM HEALTH PLLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 MAY 28 PM 4:58

RECEIVED
2024 MAY 28 PM 3:07
CORPORATIONS
DIVISION
COMMERCIAL
SERVICES

H24000188420

ARTICLES OF ORGANIZATION
FOR

FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: CASM HEALTH PLLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address:

2115 Antigua Lane

Naples, FL 34120

Mailing Address:

2115 Antigua Lane

Naples, FL 34120

ARTICLE III - The purpose for which this Professional Limited Liability Company is formed is as follows: To provide Telehealth Primary Care Services, medical consultation and Advanced Practice of Registered Nurse.

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature

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

Margaret M. Milfort

Name

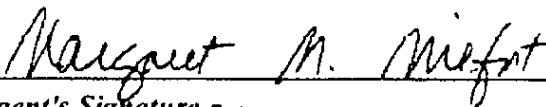
2115 Antigua Lane

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Naples, FL 34120

(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 608, F.S.


Registered Agent's Signature - Margaret M. Milfort

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 MAY 28 PM 4:58

ARTICLE V - Manager(s) or Authorized Member(s):

H24000188420

The name and address of each Manager or Authorized Member is as follows:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

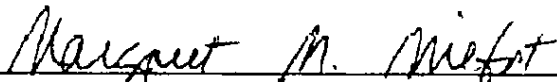
Margaret M. Milfort

2115 Antigua Lane

Naples, FL 34120

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Margaret M. Milfort

Typed or printed name of signee