

L24000398703 ^{FE} 9-16-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

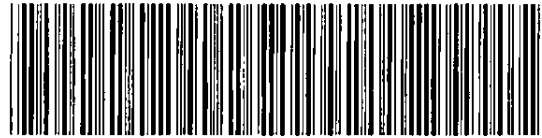
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200435079102

06/21/24--01022--007 ♦\$160.00

FILED
2024 SEP 13 PM 4:21
CLERK OF STATE
TALLAHASSEE, FL

1 MS

RECEIVED



2024 SEP 13 PM 2:14

FLORIDA DEPARTMENT OF STATE
SECRETARY OF
TALLAHASSEE, FL
Division of Corporations

August 27, 2024

BRAD CRODEN
401 DUARTE LN
THE VILLAGES, FL 32159-9005 US

SUBJECT: CURIT HEALTHCARE LLC
Ref. Number: W24000121895

*Sorry! Now
Signed on
the right
line*

We have received your document for and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Frantz Clerjuste
Regulatory Specialist II
New Filings Section

Letter Number: 124A00019245

FILED
2024 SEP 13 PM 4:21
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cürlt 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:

Brad Croden
Name of Person

Cürlt Healthcare LLC
Firm/Company

401 DUARTE LN
Address

THE VILLAGES, FL. 32159-9005
City/State and Zip Code

brad.croden@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Croden at (647) 929-4073
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 & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" 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 *via courier*
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:

Cürlt 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:

401 DUARTE LN
THE VILLAGES FL
32159-9005

Mailing Address:

401 DUARTE LN
THE VILLAGES FL
32159-9005

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

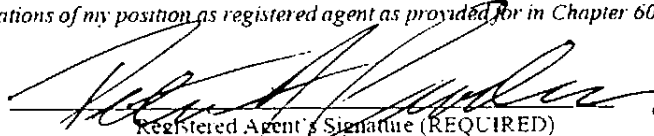
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Peter Arthur Croden
Name

401 DUARTE LN
Florida street address (P.O. Box NOT acceptable)
THE VILLAGES FL 32159-9005
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)

FILED
2024 SEP 13 PM 4:21
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

AMBR

Peter Arthur Croden

401 DUARTE LN, THE VILLAGES, FL.

32159-9005

AMBR

Brad Croden

13 - 531 Atkinson Ave., Toronto, ON, L4J 8L7

(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.

See attachment.

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.

Brad Croden

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 SEP 13 PM 4:21
STATE
FL
FILED

**ATTACHMENT TO ARTICLES OF ORGANIZATION FOR CÛRIT HEALTHCARE
LLC**

Purpose:

1. The purpose of Cûrit Healthcare LLC is to provide sales & marketing services within the Healthcare Industry.

FILED
2024 SEP 13 PM 4:21
CLERK OF STATE
TALLAHASSEE, FL