

# L24000 513 803

(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



200439537832

FILED

2024 DEC 11 PM 9:47

STATE  
CLERK  
OFFICE

RECEIVED

2024 DEC 11 PM 3:40

RECEIVED  
FILED  
FBI/DOJ/SEC/TREAS

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$125.00  
Authorization Signature *James F. ...*  
Maximus Health Systems LLC  
Business #Document

Walk in \_\_\_\_\_ Will wait \_\_\_\_\_

\_\_\_\_\_ Certified Copies of the Articles of Incorporation  
\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
\_\_\_X\_\_\_ LLC  
\_\_\_\_\_ Domestication  
\_\_\_\_\_ INC  
\_\_\_ CORP  
\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_\_ Amendment  
\_\_\_\_\_ Resignation of R.A.  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_\_ Conversion  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ Merger  
\_\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign Filing  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ CORRECTION for a LLC  
\_\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

2024 DEC 11 AM 9:47

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MAXIMUS HEALTH SYSTEMS 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:

Hal Brown  
Name of Person  
Firm/Company  
7501 West Oakland Park Blvd Ste 202  
Address  
Tamarac, FL 33319  
City, State and Zip Code  
brownhal08@gmail.com  
E-mail address: (to be used for future annual report notification)

2024 DEC 11 AM 9:47

FILED

For further information concerning this matter, please call:

Hal Brown 954 864-1061  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$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

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAXIMUS HEALTH SYSTEMS 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:

Mailing Address:

7501 West Oakland Park Blvd ste 202

7501 Oakland Park Blvd ste 202

~~Deltona~~, FL 33319

~~Deltona~~, FL 33319

Tamarae

Tamarae

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:

Hal Brown

Name

850 nw 126th dr

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

~~Deltona~~ Coral Springs FL

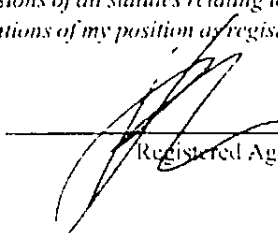
33071

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 DEC 11 AM 9:47  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

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:

AMBR

Hal Brown  
850 nw 126th dr  
Coral Springs, FL 33071

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2024 DEC 11 AM 9:47  
FILE

FILED

(Use attachment if necessary)

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

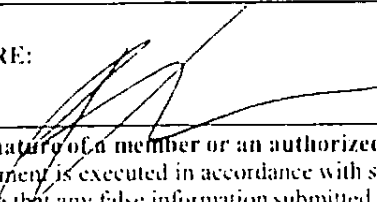
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Hal Brown  
\_\_\_\_\_  
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)