

L9500000611

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. First Community Care of Florida, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

200001557762
-08/10/95--01075--012
****285.00 ****265.00

308, 1028, 671
w/95-15776

DB 8/9

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

August 4, 1995

Sandra B. Mortham
Secretary of State

CAPITOL SERVICES D/B/A
PARALEGAL & ATTORNEY SERVICE BUREAU, INC
1406 HAYS ST. SUITE 2
TALLAHASSEE, FL 32301

SUBJECT: FIRST COMMUNITY CARE OF FLORIDA, L.C.
Ref. Number: W95000015776

We have received your document for FIRST COMMUNITY CARE OF FLORIDA, L.C. and check(s) totaling \$285.00. However, your check(s) and document are being returned for the following:

Your limited liability company name is unavailable. Section 608.406(4), Florida Statutes, states limited liability company names "must be distinguishable upon the records of the Division of Corporations of the Department of State from all other entities or filings, except fictitious name registrations pursuant to section 865.09, Florida Statutes, organized or registered under the laws of this state that are on file with the Division.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 795A00036772

RECEIVED
DIVISION OF CORPORATIONS
95 AUG -9 PM 11:35

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIORITY HEALTH NET WORK, L.C.

ARTICLE II - Address:

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

4139 Northwest Sixth Court
Deerfield Beach, Florida 33442

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Thirty (30) years from the date of filing of this Certificate.

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

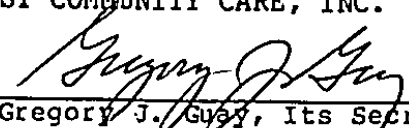
Melanie Zeiger
4139 Northwest Sixth Court
Deerfield Beach, Florida 33442

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the management member(s) is/are:

IN WITNESS WHEREOF, this certificate has been subscribed this 19th day of June, 1995, by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

FIRST COMMUNITY CARE, INC. (Member)

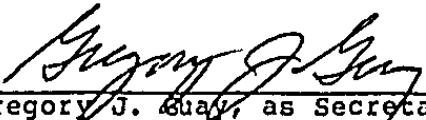
By:


Gregory J. Guay, Its Secretary

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Priority Health Net Worx, L.C. deposes and says:

- (1) The above named Limited Liability Company has at least two members
- (2) The total amount of cash contributed by the member(s) is \$ _____
- (3) If any, the agreed value of property other than cash contributed by member(s) is \$ _____
- A description of the property is attached and made a part hereto.
- (4) The amount of cash or property anticipated to be contributed by member(s) is
- | | |
|---------------------------|----------------------|
| Cash Capital Contribution | \$ <u>200,000.00</u> |
| Cash Loans | \$ <u>200,000.00</u> |
- (5) The total amount of 2, 3, and 4 is \$ 400,000.00



Gregory J. Guay, as Secretary of First Community Care, Inc., a Member

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

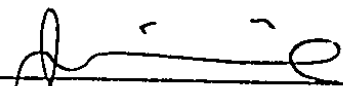
1. The name of the limited liability company is: Priority Health Net Worx, L.C.

2. The name and address of the registered agent and office is:

NATIONAL CORPORATE RESEARCH, LTD.
(Name)
1406 HAYS STREET, SUITE #2
(P.O. Box or Mail Drop Box **NOT** acceptable)
TALLAHASSEE, FLORIDA 32301
(City/State/Zip)

FILED
JUL 12 1995
TALLAHASSEE, FLORIDA
8/3/95 PM 2:36

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.


(Signature)
JOSEPH MIRRIONE,
Assistant Vice-President

8/3/95
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent