

LO50000 57080

(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:

789, 611, 671

Office Use Only

*WJG*  
*West*



300054723183

05/23/05--01028--008 \*\*185.00

FILED

05 JUN - 8 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WOS-26753

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MAYA SERVICES, THE MEDICAL EQUIPMENT, 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:

RICO ORTIZ  
(Name of Person)

RICO'S PROFESSIONAL SERVICES  
(Firm/Company)

12360 SW 122 STREET  
(Address)

MIAMI, FL. 33188  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICO ORTIZ at ( 786 ) 2710719  
(Name of Person) (Area Code & 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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN - 8 PM 1:30

FILED



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 27, 2005

RICO ORTIZ  
12360 SW 122 STREET  
MIAMI, FL 33186

SUBJECT: MAYA MEDICAL EQUIPMENT, LLC  
Ref. Number: W05000026753

We have received your document for MAYA MEDICAL EQUIPMENT, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 405A00038247

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

05 JUN - 8 PM 1:30

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAYA MEDICAL EQUIPMENTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7255 NW 68 ST.  
SUITE 11  
MIAMI, FL. 33166

**Mailing Address:**

12360 SW 122 ST.  
ATTN: RICO  
MIAMI, FL. 33186

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

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

RICO ORTIZ

Name

12360 SW 122 ST.

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

MIAMI, FL. 33186

FL

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN - 8 PM 1:30

FILED

*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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

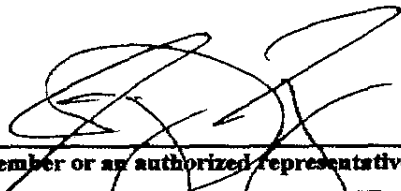
ALEJANDRO MAYA

7255 NW 68 ST. SUITE 11  
MIAMI, FL. 33166

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 607.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALEJANDRO MAYA

Typed or printed name of signee

FILED  
05 JUN -8 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)