

LO9000057229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

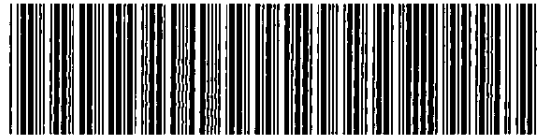
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700156744877

06/10/09--01032--026 \*\*160.00

FILED  
09 JUN 10 PM 12:57  
SECRETARY OF STATE  
TREASURER'S OFFICE

S. HAWKES

JUN 11 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MediCorrect 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:

**Jennifer Chung**  
Name of Person

**MediCorrect LLC**  
Firm/Company

**10806 Sunset Ridge Circle**  
Address

**Boynton Beach, FL 33473**  
City/State and Zip Code

**chungy7@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jennifer Chung** at ( **561** ) **350-8874**  
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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration 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:

MediCorrect LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
JUN 10 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

10806 Sunset Ridge Circle  
Boynton Beach, FL 33473

10806 Sunset Ridge Circle  
Boynton Beach, FL 33473

**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:

Jennifer Chung

Name

10806 Sunset Ridge Circle

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

Boynton Beach 33473 FL

City, State, and 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.*

Jennifer Chung  
Registered Agent's Signature (REQUIRED)

(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:**

MGR

Jennifer Chung  
10806 Sunset Ridge Circle  
Boynton Beach, FL 33473

MGR

Carolyn DiCesare  
10726 Canyon Bay Lane  
Boynton Beach, FL 33473

MGR

Darlene Sanchez  
24 Abbey Lane #106  
Delray Beach, FL 33446

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/06/2009 (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.)

**REQUIRED SIGNATURE:**



Signature of a member or an 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.)

Jennifer Chung

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)

09 JUN 10 PM 12:57  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA