

L10000026781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

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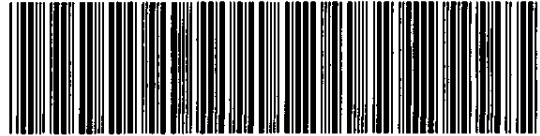
**L. SELLERS**

MAR 10 2010

**EXAMINER**

~~10000026781~~

Office Use Only



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02/23/10--01031--014 \*\*125.00

**FILED**  
10 FEB 23 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bio Health Scans, 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:

**Dean Yannello**  
Name of Person

**Bio Health Scans, LLC**  
Firm/Company

**8145 Meadowview Place**  
Address

**Trinity, FL 34655**  
City/State and Zip Code

**deany8145@yahoo.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dean Yannello** at ( **727** ) **420-6295**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2010

DEAN YANNELLO  
8145 MEADOWVIEW PLACE  
TRINITY, FL 34655

SUBJECT: BIO HEALTH SCANS, LLC  
Ref. Number: W10000009422

We have received your document for BIO HEALTH SCANS, LLC and your check(s) totaling \$125.00. 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 910A00004605

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bio Health Scans, LLC

(Must end with 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:**

2228 US Hwy 19 North  
Holiday, FL 34691

8145 Meadowview Place  
Trinity, FL 34655

**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:

Dean Yannello

Name

8145 Meadowview Place

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

Trinity, FL 34655 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..*

  
Registered Agent's Signature (REQUIRED)

**FILED**  
10 FEB 23 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Dean Yannello

8145 Meadowview Place

Trinity, FL 34655

MGRM

Sonia Russell

3583 Wembley Way #103

Palm Harbor, FL 34685

MGRM

Dr. Lawrence Vickman

5323 South Bayshore Apt F

Tampa, FL 33611

[Redacted]

[Redacted] *[Signature]*  
[Redacted]  
[Redacted]

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/16/2010 (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.)

Dean Yannello

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)

**FILED**  
10 FEB 23 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Steven Ritt

7124 Fallbrook Ct

New Port Richey, FL 34655

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

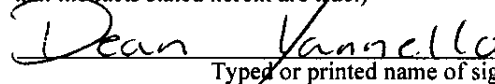
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- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)