

LO10000003834

Requestor's Name
P.O. Box 219
Address
Crystal Beach, FL 34681
City/State/Zip Phone #

2/20

MJH

Office Use Only

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

1. K B Medical, LLC
(Corporation Name) (Document #)
2. 00789-00524-00707-00671
(Corporation Name) (Document #)
3. not a corp.
(Corporation Name) (Document #)
4.
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

800003746008--8

-02/21/01--01044--012

****125.00 ****125.00

01 MAR 13 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 8, 2001

MARC & SLOAN BERGER
P.O. BOX 219
CRYSTAL BEACH, FL 34681

SUBJECT: K B MEDICAL, LLC
Ref. Number: W01000000495

We have received your document for K B MEDICAL, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 801A00000962



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 21, 2001

MARC & SLOAN BERGER
P.O. BOX 219
CRYSTAL BEACH, FL 34681

SUBJECT: K B MEDICAL, LLC
Ref. Number: W01000000495

We have received your document for K B MEDICAL, 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):

You refer to the company as a "Corporation" throughout the document, however, K B Medical, LLC is a Limited Liability Company. Please complete the attached for with the correct language.

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 101A00011072

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K B Medical, LLC

ARTICLE II - Address:

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

835 Point Seaside Dr,
P.O. Box 219
Crystal Beach, FL 34681-0219

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

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

Marc S. Berger
Name
835 Pt. Seaside Dr. P.O. Box 219
Florida street address (P.O. Box **NOT** acceptable)
Crystal Beach FL 34681-0219
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..

Marc S. Berger
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Marc S. Berger
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.)

Marc S. Berger
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
01 MAR 13 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA