

L-010000022590

Requester's Name

GARY PEACOCK, CPA, P.A.
4417 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32207

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-12/04/01--01055--003
***100.00 ***100.00

Office Use Only

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

1. MICRO-MED OF NORTH CAROLINA, LLC
(Corporation Name) (Document #)

W01-28442

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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*****25.00 *****25.00

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ 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

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 27 PM 1:00

442/27

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 12, 2001

GARY PEACOCK, CPA, P.A.
4417 BEACH BLVD., SUITE 200
JACKSONVILLE, FL 32207

SUBJECT: MICRO-MED OF NORTH CAROLINA, LLC
Ref. Number: W01000028442

We have received your document for MICRO-MED OF NORTH CAROLINA, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 501A00065483

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 27 PM 1:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Micro - Med of North Carolina, LLC

ARTICLE II - Address:

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

5169 West 12th Street
Jacksonville, FL 32254

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

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

Francis M. Scheu

Name

5169 West 12th Street

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

Jacksonville, FL 32254

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.

[Signature]

Francis M. Scheu Registered Agent's Signature

11-26-2001

Date

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)

[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.)

Francis M. Scheu, Member

Typed or printed name of signer

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)

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DIVISION OF CORPORATIONS
01 DEC 27 PM 1:00