

L020000017816

Stephen DiNicolantonio
551 Golf Links Lane
Longboat Key, FL 34228
941-383-5103/ Cell 281-507-6245

FILED
02 JUL 16 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 2, 2002

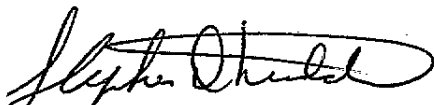
Registration Section
Divisions of Corporations
409 E. Gaines St
Tallahassee, FL 32399

Enclosed is the form for registration of Medcom of Florida, LLC and a check for \$130,00.

AL 1

100006237271--8
-07/08/02--01018--001
****130.00 ****130.00

Sincerely,


Stephen DiNicolantonio

W02-19553



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 8, 2002

STEPHEN DINICOLANTONIO
551 GOLF LINKS LANE
LONGBOAT KEY, FL 34228

SUBJECT: MEDCOM OF FLORIDA, LLC
Ref. Number: W02000019553

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEDCOM OF FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 602A00042365

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDCOM OF FLORIDA LLC

ARTICLE II - Address:

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

551 GOLF LINKS LANE, LONGBOAT KEY, FL 34228

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

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

STEPHEN A. DINICOLANTONIO
Name

551 GOLF LINKS LANE
Florida street address (P.O. Box NOT acceptable)
LONGBOAT KEY FL 34228
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

EFFECTIVE DATE 7-1-02

Stephen A. Dinicolantonio
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)

Stephen A. Dinicolantonio
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.)

STEPHEN A. DINICOLANTONIO
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) ✓