

L02000024957

1st Choice Medical Supplies, LLC
4717 Bartlett Rd
Holiday, FL 34690

Office Use Only

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

1. 1ST CHOICE MEDICAL (Corporation Name) 800007420668-3 (Document #)
-09/24/02--01013--022
*****25.00 *****25.00
2. SUPPLIES, LLC (Corporation Name) 800007420668-3 (Document #)
-08/29/02--01028--008
*****100.00 *****100.00
3. _____ (Corporation Name) _____ (Document #)
-08/29/02--01028--008
*****100.00 *****100.00
4. _____ (Corporation Name) _____ (Document #)

- ☐ 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
02 SEP 24 PM 2:40

L24/24

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 30, 2002

1ST CHOICE MEDICAL SUPPLIES, LLC
4717 BARTELT RD.
HOLIDAY, FL 34690

SUBJECT: 1ST CHOICE MEDICAL SUPPLIES, LLC
Ref. Number: W02000025315

We have received your document for 1ST CHOICE MEDICAL SUPPLIES, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is an additional \$25 due for your registered agent designation. Please refer to the enclosed highlighted copy of your articles.

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: 602A00050675

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 1st Choice Medical Supplies, LLC

ARTICLE II - Address:

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

4717 Bartelt Rd. Holiday, FL 34690

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

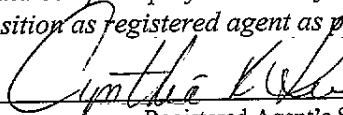
The name and the Florida street address of the registered agent are:

Cynthia K. Lee
Name

4717 Bartelt Rd.
Florida street address (P.O. Box **NOT** acceptable)

Holiday FL 34690
City, State, and Zip

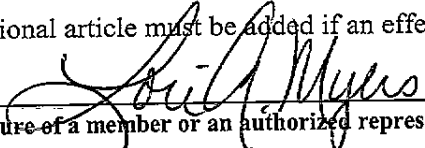
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

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 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.)

Lori A. Myers

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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