

W030000013939

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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02/27/03--01035--017 **78.75

04/16/03--01011--009 **46.25

W03-5929

AND
FILED
03 APR 18 AM 8:46
STOCK EXCHANGE
FILING OFFICE

JB
4-18-03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 14, 2003

WILLIAM MCCLINTOCK
6250 SHILOH RD., STE. 240
ALPHARETTA, GA 30005

SUBJECT: MED-DISPENSE, L.L.C.
Ref. Number: W03000005929

We have received your document for MED-DISPENSE, L.L.C. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$46.25.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 203A00022343

03 APR 18 AM 8:44
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

Med-Dispense, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

William McClintock
Name (Printed or typed)

6250 Shiloh Rd Suite 240
Address

Alpharetta, GA 30005
City, State & Zip

770 888 3340
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 APR 18 AM 8:44

AND
FILED

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 3, 2003

WILLIAM MCCLINTOCK
6250 SHILOH RD., STE. 240
ALPHARETTA, GA 30005

SUBJECT: MED-DISPENSE, L.L.C.
Ref. Number: W03000005929

We have received your document for MED-DISPENSE, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$46.25.

Please complete the enclosed "Articles of Organization".

Limited liability companies do not have incorporators.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 203A00013376

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AHD
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Med-Dispense, LLC

ARTICLE II - Address:

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

6250 Shiloh Rd Suite 240
Alpharetta, GA 30005

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

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

Martin Dake / Med-Dispense, LLC.
Name

114 Douglas Road East
Florida street address (P.O. Box **NOT** acceptable)

Oldsmar, FL 34677-2939
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.

MWDake

Registered Agent's Signature

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

MWDake

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.)

Martin Dake

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)

NOTED
AND
FILED
03 APR 18 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA