

L03000016890

(Requestor's Name)

(Address)

1142-2nd-ERK
-637 Sabal Lake Dr. #203
Springwood, FL-32779

(City/State/Zip/Phone #)

☐

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☐

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☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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03 MAY 12 AM 10:43

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MAY 12 2003
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5/12
1003-10990

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MED-LINK-ERY, LLC

ARTICLE II - Address:

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

**637 Sabal Lake Dr. #203
Longwood, Florida 32779**

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

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

Kathy Morcross

Name

637 Sabal Lake Dr. #203

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

Longwood, FL 32779

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.

Kathy Morcross

Registered Agent's Signature

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

Kathy Morcross

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.)

Kathy Morcross

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)

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TALLAHASSEE, FLORIDA
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