

W040000053674

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

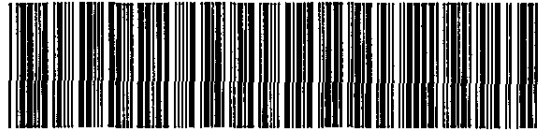
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900039194219

19-04--011074--002 \*\*125.00

W04-53674  
OK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDCARE DIABETIC SUPPLY LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATHERINE L McVEIGH  
(Name of Person)

MEDCARE DIABETIC SUPPLY LLC  
(Firm/Company)

156 BELLEAIRE DRIVE  
(Address)

PALM COAST, FL 32137  
(City/State and Zip Code)

For further information concerning this matter, please call:

CATHERINE L McVEIGH at ( 386 ) 503-5724  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA  
JUN 11 1993

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEDCARE DIABETIC SUPPLY LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

156 BELLEAIRE DRIVE

PALM COAST, FL 32137

**Mailing Address:**

156 BELLEAIRE DRIVE

PALM COAST, FL 32137

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

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

CATHERINE L McVEIGH

Name

156 BELLEAIRE DRIVE

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

PALM COAST

FLORIDA 32137

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, Florida Statutes..*

  
Registered Agent's Signature

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

**Name and Address:**

MGRM

CATHERINE L McVEIGH

156 BELLEAIR DRIVE

PALM COAST, FL 32137

MGRM

GERALD J ROBERTI

6136 VISTA LINDA LN

BOCA RATON, FL 33433

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

X Catherine L. McKenry  
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.)

CATHERINE L McVEIGH

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)**