

L04000065375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

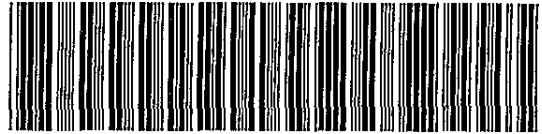
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300040567733

08/30/04--01004--020 \*\*160.00

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
04 AUG 30 AM 11:18

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medtrn Investment, 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:

Evelyn J. Pete  
(Name of Person)

Medtrn Investment, LLC  
(Firm/Company)

2410 Buena Vista Street  
(Address)

Pensacola, Florida 32503  
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn J. Pete at ( 850 ) 434-9900  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 30 AM 11:18

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Medtrn Investment, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2410 Buena Vista Street

Pensacola, Florida 32503

**Mailing Address:**

2410 Buena Vista Street

Pensacola, Florida 32503

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

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

Evelyn J. Pete

Name

2410 Buena Vista Street

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

Pensacola

FLORIDA 32503

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..*

Evelyn J. Pete

Registered Agent's Signature

AM 11:18

SECRETARY OF STATE  
DISCLOSURE CORPORATION

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Michael A. Pete  
2731 Samuel Drive  
O'Fallon, MO 63366

MGR

Evelyn J. Pete  
2410 Buena Vista Street  
Pensacola, Florida 32503

MGR

Dennis M. Pete  
2410 Buena Vista Street  
Pensacola, Florida 32503

MGR

Tiffaney D. Pete  
2704 Stillwater Lake Lane  
Marietta, GA 30066

(Use attachment if necessary)

MGRM

Rosana Pete  
2731 Samuel Drive  
O'Fallon, MO 63366

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

**REQUIRED SIGNATURE:**

Evelyn J. Pete

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.)

Evelyn J. Pete

Typed or printed name of signer

04 AUG 30 AM 11:18  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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)