

L04000068728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

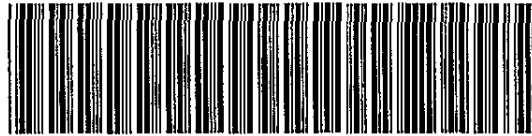
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400040994424

09/20/04--01058--029 **160.00

FILED
2004 SEP 20 PM 3:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN SEP 21 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Med Plan, L.L.C.
(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:

Andrew Lee Thomas

(Name of Person)

(Firm/Company)

3200 Port Royale Drive North, #811,

(Address)

Fort Lauderdale, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Lee Thomas

(Name of Person)

at

954

536-0248

(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
2004 SEP 20 PM 3:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2004 SEP 20 PM 3:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Med Plan, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

3200 Port Royale Drive North

#811

Fort Lauderdale, FL 33308

Mailing Address:

3200 Port Royale Drive North

#811

Fort Lauderdale, FL 33308

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

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

Beth G. Lindie, Esquire

Name
of Esler & Lindie, P.A.
315 S.E. 7th Street, Ste. 300

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

Fort Lauderdale, FLORIDA 33301

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.

Beth G. Lindie

Registered Agent's Signature

BETH G. LINDIE

FILED
2004 SEP 20 PM 3:22
JULIA E. HARRIS
TALLAHASSEE, FLORIDA

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:

MANAGER

Andrew Lee Thomas

3200 Port Royale Drive North, #811

Fort Lauderdale, FL 33308

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

ANDREW LEE THOMAS

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)