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J. BRYAN
TALLAHASSEE, FLORIDA

01/14/05--01017--023 **125.00

W05-4142

J. BRYAN JAN 26 2005

J. BRYAN FEB - 3 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Office Solutions
(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:

Barry Backer
(Name of Person)

Medical Office Solutions
(Firm/Company)

10602 NW 49th Place
(Address)

Coral Springs, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Backer at (954) 345-7976
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 26, 2005

BARRY BACKER
MEDICAL OFFICE SOLUTIONS
10602 NW 49TH PLACE
CORAL SPRINGS, FL 33076

SUBJECT: MEDICAL OFFICE SOLUTIONS
Ref. Number: W05000004142

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2005 FEB - 3 PM 2:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL OFFICE SOLUTIONS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 305A00005372

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical Office Solutions 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:

Mailing Address:

10602 NW 49th Place
Coral Springs, FL 33076

Same

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

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

Berry Backer

Name

10602 NW 49th Place

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

Coral Springs FL 33076

City, State, and Zip

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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..

B. Backer

Registered Agent's Signature

(CONTINUED)

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:

MGRM

Barry Backer
10600 NW 49th Place
Coral Springs, FL 33076

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

B. Backer

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.)

Barry Backer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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2007 FEB -3 PM 2:12
CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA