

LD5000023659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

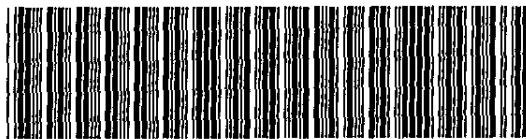
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400047121684

03/08/05--01040--026 \*\*160.00

**EFFECTIVE DATE**

3/6/05

FILED  
05 MAR -8 PM 1:02  
1211 - 1211

3/9/05

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ShurMed Investments, 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:

Kimberly A. Shurtleff  
(Name of Person)

Law Office of Kimberly A. Shurtleff  
(Firm/Company)

9732 Little Road, Suite 6  
(Address)

New Port Richey, FL 34654  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly A. Shurtleff at ( 727 ) 815-3693  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

FILED  
05 MAR -8 PM 1:02  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ShurMed Investments, LLC

**EFFECTIVE DATE**  
3-15-02

**ARTICLE II - Address:**

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

**Principal Office Address:**

8707 Jasmeen Garden Court  
Tampa, FL 33615

**Mailing Address:**

8707 Jasmeen Garden Court  
Tampa, FL 33615

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

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

Kimberly A. Shurtleff

Name

9732 Little Road, Suite 6

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

New Port Richey, FL 34654

FL

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..*

K. A. Shurtleff  
Registered Agent's Signature

**FILED**  
05 MAR - 3 11 1:02  
TAMPA, FLORIDA

(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

Jeffrey G. Shurtleff

8707 Jasmine Garden Court

Tampa, FL 33615

MGRM

~~BS~~ Vivian

~~Vivian~~ Medina

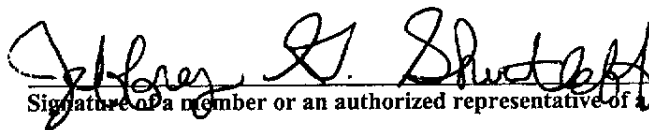
13518 Westshire Drive

Tampa, FL 33618

(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.)

Jeffrey G. Shurtleff

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)**

FILED  
05 MAR -8 PM 1:02  
TALLAHASSEE, FLORIDA

**Article V - Effective Date**

The effective date is March 15, 2005.

FILED  
05 MAR -8 PM 1:02  
TALLAHASSEE, FLORIDA