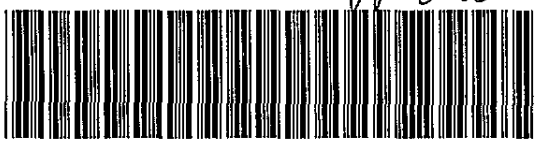
L06000001450

00789-02826-00671 Rec. 12-15
eff date 10/10



900062155129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

12/15/05--01030--019 **130.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

12/15 FL LC

EFFECTIVE DATE
12-10-05

Office Use Only

WOS-055648

M. HODGES

05 DEC 15 PM 4:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Killian Medical Services 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:

Michael Killian
(Name of Person)

(Firm/Company)

6613 Gates Pointe Way,
(Address)

Riverview, Florida, 33569
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Killian at (727) 215-3594
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☒ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2005

MICHAEL KILLIAN
6613 GATES POINTE WAY
RIVERVIEW, FL 33569

SUBJECT: KILLIAN MEDICAL SERVICES LLC
Ref. Number: W05000055568

We have received your document for KILLIAN MEDICAL SERVICES LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 15, 2005. Please amend your document accordingly.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 605A00072528

Dear. Florida Dept. of state.
Please back date this request to the original filing date of 12/15/2005.

Thank You
Michael Killian

Michael Killian (cell # 727-215-3594)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Killian Medical Services LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6613 Gates Pointe Way
Riverview, Florida, 33569

Mailing Address:

6613 Gates Pointe Way
Riverview, Florida, 33569

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael Killian
Name

6613 Gates Pointe Way
Florida street address (P.O. Box **NOT** acceptable)

Riverview, FL, 33569
City, State, and Zip

FILED
05 DEC 15 PM 4:08
SECRETARY OF STATE
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..

Michael Killian
Registered Agent's Signature (REQUIRED)

(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:**
MGR	Michael Killian 6613 Gates Pointe Way Riverview, Florida, 33569

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/10/2005. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Michael Killian
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.)

Michael Killian
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)