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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDICAL BRAND ASSOCIATES, 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:

ERNEST A. HAHN

(Name of Person)

MEDICAL BRAND ASSOCIATES, LLC

(Firm/Company)

7512 Dr. Phillips BLVD. Suite 50-200

(Address)

ORLANDO, FLORIDA 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

ERNIE HAHN

(Name of Person)

at (407) 299-5094

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDICAL BRAND ASSOCIATES, 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:

4833 KENSINGTON BLVD  
ORLANDO, FL  
32819

#### Mailing Address:

7512 Dr. Phillips BLVD.  
Suite 50 - 200  
ORLANDO, FL 32819

### 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:

KIM S. HAHN

Name

4833 KENSINGTON PARK BLVD

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

ORLANDO, FL FL 32819

City, State, and Zip

me in case of  
being sued.  
Subpoena A

*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.*

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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

PRESIDENT

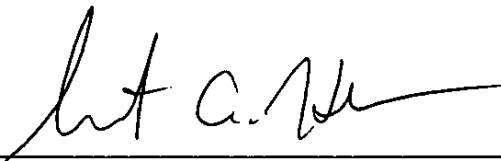
**Name and Address:**

ERNEST A. HAHN  
4833 KENSINGTON PARK BLVD  
ORLANDO, FL 32819

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: FEBRUARY 9, 2007 (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:**



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.)

ERNEST A. HAHN

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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