

LD7000073644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

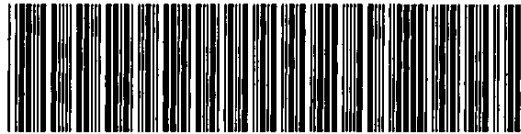
(Document Number)

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

Special Instructions to Filing Officer:

DB

Office Use Only



600105822236

07/16/07--01005--004 \*\*155.00

FILED

07 JUL 16 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T-Med Solutions, 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:

Allan C. Watkins

(Name of Person)

Watkins Law Firm, P.A.

(Firm/Company)

707 North Franklin Street, Suite 750

(Address)

Tampa, Florida 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Allan C. Watkins

(Name of Person)

at (

813

(Area Code & Daytime Telephone Number)

226-2215

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

FILED  
07 JUL 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**OF**

**T MED SOLUTIONS, LLC**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company shall be T Med Solutions, LLC

**ARTICLE II**

**ADDRESS**

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

Principle Office Address:

4412 Bay-to-Bay Boulevard  
Tampa, Florida 33629

Mailing Address:

4412 Bay-to-Bay Boulevard  
Tampa, Florida 33629

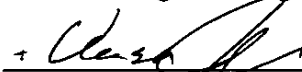
**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature:

The name of the Florida street address of the registered agent IS:

**Vanessa Jones  
4412 Bay-to-Bay Boulevard  
Tampa, Florida 33629**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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 performances 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..*



\_\_\_\_\_  
Registered Agent's Signature

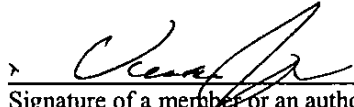
**ARTICLE IV**

**FILED**  
07 JUL 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Manager(s) or Managing Member(s):  
The name of address of each Manager of Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Vanessa Jones 4122 Bay-to-Bay Boulevard Tampa, Florida 33629
Managing Member	Sunil J. Panchal 11813 Shire Wycliffe Court Tampa, Florida 33626

REQUIRED SIGNATURE

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

Vanessa Jones  
\_\_\_\_\_  
Typed of printed name of signee

**FILED**  
07 JUL 16 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)