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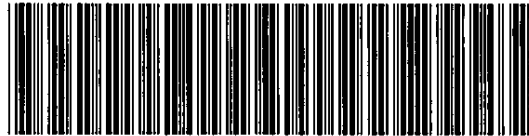
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DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Modus Healthcare  
International, LLC*

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TALLAHASSEE, FLORIDA

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

Signature \_\_\_\_\_

Requested by:

Name

Date

Time

*WL 9/13 9:00*

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**Modus Healthcare International, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

**ARTICLE I: NAME**

The name of the company is **Modus Healthcare International, LLC**

**ARTICLE II: PRINCIPAL OFFICE**

The principal office and mailing address of the company is **One Tampa City Center, Suite 1825, Tampa, FL 33602**

### **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Dawn M. Russell, 3604 S. MacDill Avenue,  
#205, Tampa, FL 33629**

### **ARTICLE IV: MANAGING MEMBERS**

The name and address of the initial Managing Members of the company are:

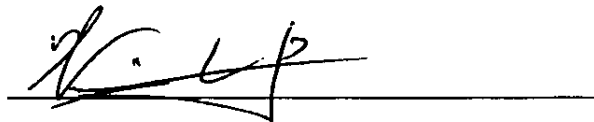
**Katherine Friess, Managing Member, One Tampa City Center, Suite 1825, Tampa, FL 33602**

**Graham Russell, Managing Member, One Tampa City Center, Suite 1825, Tampa, FL 33602**

**Brent W. Yessin, Managing Member, One Tampa City Center, Suite 1825, Tampa, FL 33602**

The undersigned has executed these Articles of Organization this 13<sup>th</sup> day of September 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

A handwritten signature in black ink, appearing to read 'W. Lopez', is written over a horizontal line.

Authorized Representative

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: Modus Healthcare International, Inc.

2. The name and address of the registered agent and office is: Dawn M. Russell, 3604 S. MacDill Avenue, #205, Tampa  
FL 33629

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

NLR