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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 DEC 11 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan DEC 11 2007

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diabetes Central, 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:

Andrea V. Nelson, Esq.

(Name of Person)

Nelson Law Firm, PLC

(Firm/Company)

3071 Highland Oaks Terrace, Ste. A

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea V. Nelson, Esq. at (**850**) **224-5700**

(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

ARTICLES OF ORGANIZATION
for
DIABETES CENTRAL, LLC
Chapter 608, Florida Statutes

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TALLAHASSEE FLORIDA

ARTICLE I
NAME

The name of the limited liability company is **Diabetes Central, LLC**.

ARTICLE II
PRINCIPAL ADDRESS

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

1705 South Adams Street
Tallahassee, FL 32301.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE

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

Dr. Celeste Hart
1705 South Adams Street
Tallahassee, FL 32301.

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, Florida Statutes.



Dr. Celeste Hart, Registered Agent

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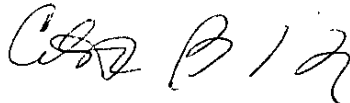
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLE IV
MANAGING MEMBER**

The name and address of each Manager or Managing Member are as follows:

Dr. Celeste Hart
1705 South Adams Street
Tallahassee, FL 32301

MGRM



Dr. Celeste Hart, Managing Member