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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

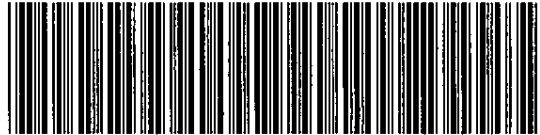
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JAN 30 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dysphagia Decision 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:

Jennifer L. Beall

(Name of Person)

Dysphagia Decision Solutions, LLC

(Firm/Company)

5112 Foliage Way

(Address)

St. Augustine, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer L. Beall

(Name of Person)

at (904) 742-4124

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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January 28, 2008

To Whom It May Concern:

I, Jennifer L. Beall, of Dysphagia Decision Solutions, *Inc.*, am requesting that I be able to use the name Dysphagia Decision Solutions, *LLC*. I had originally registered my company as a C-Corp by mistake and should instead be an LLC. I have no intention of re-instating Dysphagia Decision Solutions, Inc. and therefore would like to use the name for my LLC. Please find the enclosed registration forms for Dysphagia Decision Solutions, LLC.

Thank you very much for your consideration.

Sincerely,



Jennifer L. Beall
904.742.4124

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dysphagia Decision Solutions, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

5112 Foliage Way
St. Augustine, FL 32092

Mailing Address:

5112 Foliage Way
St. Augustine, FL 32092

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:

Jennifer L. Beall

Name

5112 Foliage Way

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

St. Augustine, FL 32092

City, State, and Zip

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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..

Jennifer L. Beall
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGRM

Jennifer L. Beall

5112 Foliage Way

St. Augustine, FL 32092

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 27, 2008. (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.)

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TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:

Jennifer L. Beall
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.)

Jennifer L. Beall
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)