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Effective Date 04/15/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 17 AM 10:55

T. HAMPTON

APR 18 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Capture Medical**  
(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:

Robert H. Barrow

(Name of Person)

Capture, LLC

(Firm/Company)

712 S. Oregon Avenue / Suite 200

(Address)

Tampa, Florida 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert H. Barrow

(Name of Person)

at ( 813 ) 731-2170

(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

**Capture, LLC**  
**712 South Oregon Avenue**  
**Suite 200**  
**Tampa, Florida 33606**

April 15, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

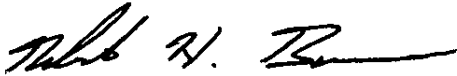
Dear Registration Section,

Included herein is a copy of the articles of incorporation for Capture Medical, LLC.

My name is Robert H. Barrow.

My current address is as listed above and my work phone number and fax number are below. I can also be reached on my cell at 813.731.2170.

Sincerely,



Robert H. Barrow  
LtCol USMC (Ret)  
President

Effective Date 04/15/08

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Capture Medical, 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:

712 S. Oregon Avenue

Suite 200

Tampa, Florida 33606

#### Mailing Address:

712 S. Oregon Avenue

Suite 200

Tampa, Florida 33606

### 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:

Robert H. Barrow

Name

718 S. Rome Avenue

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

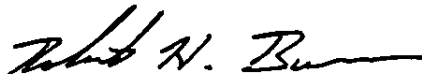
Tampa

FL

33606

City, State, and Zip

*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..*



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

**Name and Address:**

<u>MGR</u>	<u>Robert H. Barrow</u> <u>718 S. Rome Avenue</u> <u>Tampa, Florida 33606</u>
<u>MGRM</u>	<u>Carrie Cleveland</u> <u>19106 St Laurent Dr</u> <u>Lutz, Florida 33558</u>
<u>MGRM</u>	<u>Tee Bailey</u> <u>3016 Hawthorne</u> <u>Tampa, Florida 33611</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 15, 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.)

**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.)

Robert H. Barrow

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)