

LD8000053981

(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:

L. SELLERS  
JUN - 2 2008  
EXAMINER

Office Use Only



800129913968

05/30/08--01036--008 \*\*160.00

FILED FILED  
2008 MAY 30 PM 1:41  
2008 MAY 30 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMED INOCULATION SYSTEMS, 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:

**Richard C. Murphy, Jr.**

(Name of Person)

**eMedicalid Group, Inc.**

(Firm/Company)

**202 Lake Miriam Drive**

(Address)

**Lakeland, Florida 33813**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Marsha Vann-Dawson**

(Name of Person)

at ( **863** ) **644-5692**

(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 FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

EMED INOCULATION SYSTEMS, 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:

202 Lake Miriam Drive

Suite W3

Lakeland, Florida 33813

#### Mailing Address:

P.O. Box 2476

Lakeland, Florida 33806

### 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:

Richard C. Murphy, Jr. *RCM*  
Name

36 CC Street

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

Lakeland, FL 33815  
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..*

*Richard C. Murphy, Jr.*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
2008 MAY 30 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

Manager

Richard C. Murphy, Jr. *gen*

36 CC Street

Lakeland, Florida 33815

Managing Member

David Anderson

10101 E Bay Harbor Drive, Apt. 706

Bay Harbor, Florida 33154

Managing Member

Dr. James Schaefer

80 Rogers Street, Unit 1-A

Clearwater, Florida 33756

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 23, 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.)

Richard C. Murphy, Jr.

Typed or printed name of signer

**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)**

FILED  
2008 MAY 30 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA