

LD8000057373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

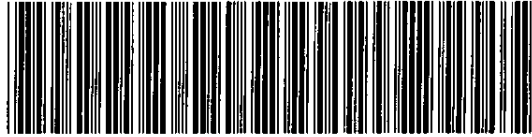
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 JUN 10 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 11 2008

EXAMINER

56262-8000

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MED'S Investments of Florida 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:

(Name of Person)

**MED'S Investments of Florida LLC**

(Firm/Company)

**2420 SE Blackhorse Street**

(Address)

**Port St Lucie, Florida 34984**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Elissa L Neilson** at ( **772** ) **284-7157**  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 JUN 10 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 4, 2008

MED'S INVESTMENTS OF FLORIDA LLC  
2420 SE BLACKHORSE ST  
PORT ST LUCIE, FL 34984

SUBJECT: MED'S INVESTMENTS OF FLORIDA LLC  
Ref. Number: W08000027295

We have received your document for MED'S INVESTMENTS OF FLORIDA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L03000036333 (MED INVESTMENTS, LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 608A00034742

Registration/Qualification Section

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MED'S INVESTMENTS OF THE  
TREASURE COAST LLC

(Must end with the words "Limited")

## ARTICLE II - Address:

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

### Principal Office Address:

2420 SE Blackhorse Street  
Port St Lucie, Florida 34984

### Mailing Address:

2420 SE Blackhorse Street  
Port St Lucie, Florida 34984

## 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:

Elissa L Neilson

Name

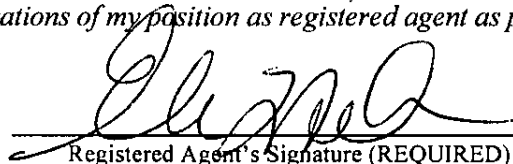
2420 SE Blackhorse Street

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

Port St Lucie, Florida FL 34984

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)

**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:**

MGR

Elissa L Neilson

2420 SE Blackhorse Street

Port St Lucie, Florida 34984

MGRM

Samuel R Hirschler

2420 SE Blackhorse Street

Port St Lucie, Florida 34984

MGRM

Douglas Neilson

2420 SE Blackhorse Street

Port St Lucie, Florida 34984

MGRM

Mindy Padrick

1655 Alligator Lane

Cocoa, FL 32926-3473

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Elissa L Neilson

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)**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA