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J. BRYAN

JUL 31 2008

EXAMINER

The Law Firm Of



A Professional Corporation

Jessica Rutland, Paralegal

jrutland@stklaw.com

Direct Dial (816) 374-0569

Fax (816) 374-0509

July 29, 2008

Florida Secretary of State
Attn: Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: TL Infusion USA, LLC

Dear Sir or Madam:

Enclosed herein please find the Cover Letter and the original and one copy of the Articles of Organization for a Domestic Limited Liability Company for the above-named entity. Also enclosed please find a check in the amount of \$155.00 representing the filing fee and certified copy.

Upon processing, please return a file-stamped copy of this document to my attention. Should you have any questions please call. I appreciate your assistance with this matter.

Very truly yours,

JESSICA RUTLAND

Paralegal for Michael B. Shteamer

JR

Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TL Infusion USA, 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:

Jessica Rutland, Paralegal

(Name of Person)

Shughart Thomson & Kilroy, P.C.

(Firm/Company)

120 West 12th Street, Suite 1700

(Address)

Kansas City, MO 64105

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica

(Name of Person)

at (**816**) **374-0569**

(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TL Infusion USA, 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:

19111 Collins, #507

Sunny Isles, FL 33160

Mailing Address:

19111 Collins, #507

Sunny Isles, FL 33160

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:

Jeff Weiner

Name

19111 Collins, #507

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

Sunny Isles, FL 33160

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)

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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:

MGR

Jeff Weiner

19111 Collins, #507

Sunny Isles, FL 33160

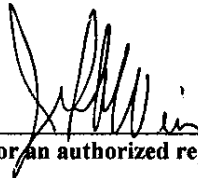
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

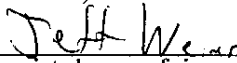
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)