

LO9000015447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

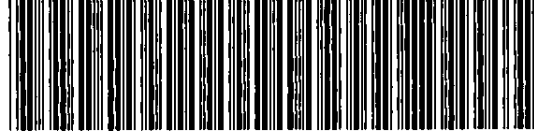
(Business Entity Name)

(Document Number)

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

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09 FEB 13 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 16 2009

EXAMINER

MyCorporation  
An Intuit Company

intuit.

21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005  
E-mail: info@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

Friday, January 23, 2009

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: *BWDU Medical Solutions LLC***

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

**Articles of Organization  
For  
BWDU Medical Solutions LLC  
Florida Limited Liability Company**

**FILED**  
09 FEB 13 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is BWDU Medical Solutions LLC.

**ARTICLE II - Address:**

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

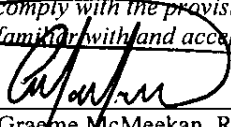
15275 Collier Blvd #201 PMB # 209  
Naples, FL 34119

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Graeme McMeekan  
15275 Collier Blvd #201 PMB # 209  
Naples, FL 34119


*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.*

  
\_\_\_\_\_  
Graeme McMeekan, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Graeme McMeekan  
15275 Collier Blvd #201 PMB # 209  
Naples, FL 34119

  
\_\_\_\_\_  
Meghan Record, Organizer