

L09000020233

(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:

Office Use Only

G. MCLEOD

MAR 11 2009

EXAMINER



900144922369

03/06/09--01006--018 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -6 AM 11:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med Forms Store, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Parrella
(Name of Person)

Med Forms Store, LLC
(Firm/Company)

1860 West Avenue
(Address)

Miami Beach Fla. 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher A. Parrella at (786) 325-1623
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: med norms store, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Article II address & Article III Registered agent office address
Principal office address, mailing address and
registered agent address are incorrect
Correct address: 1860 west avenue, miami beach,
fla 33139

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: March 3, 2009

Chris A. Parrella
Signature of a member or authorized representative of a member

Christopher A. Parrella
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

09 MAR -6 AM 11:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H09000046920

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Med Forms Store, 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:

1819 West Avenue
Bay No. 1
Miami Beach, FL 33139

Mailing Address:

1819 West Avenue
Bay No. 1
Miami Beach, FL 33139

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:

Christopher A. Barrella
Name

1819 West Ave., Bay No. 1
Florida street address (P.O. Box NOT acceptable)

Miami Beach, FL 33139
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.

Ch. A. Barrella
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H09000046970

FILED
2009 FEB 27 AM 10:46
TAMPA
CLERK OF COURT
JANET A. HASSE

HO9000046920

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:

MGRM

Christopher Parrella
1819 West Ave., Bay 1
Miami Beach, FL 33139

MGRM

Carlos Leon
1819 West Ave., Bay 1
Miami Beach, FL 33139

MGRM

Leonel Ortiz
1819 West Ave., Bay 1
Miami Beach, FL 33139

MGRM

Joseph Freire
1819 West Ave., Bay 1
Miami Beach, FL 33139

(Use attachment if necessary)

FILED
2009 FEB 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Christopher A. Parrella
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.)

Christopher A. Parrella
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 20.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

HO9000046920