

609 0000 23824

(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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Office Use Only



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02/19/09--01031--008 **120.00

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03/11/09--01009--001 **5.00

T. CLINE

MAR 11 2009

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 10 PM 1:31

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2009

CARA DO
P.O. BOX 47781
TAMPA, FL 33647

SUBJECT: PARA MED EXPRESS, LLC
Ref. Number: W09000008189

We have received your document for PARA MED EXPRESS, LLC and check(s) totaling \$120.00 of which \$120.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$5.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 19, 2009. Please amend your document accordingly.

Please return 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 909A00006078

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Para Med Express, 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:

Carla Do
(Name of Person)

(Firm/Company)

POB 47781
(Address)

Tampa FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Do at (813) 309 5626
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paramco Express, 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:

18959 WOODSAGE DRIVE
TAMPA FL 33647

Mailing Address:

POB 47781
TAMPA FL 33646

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:

Cara Lyn Do-

Name

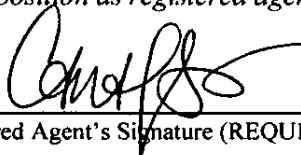
18959 WOODSAGE DR.

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

TAMPA FL 33646

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)

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TALLAHASSEE, FLORIDA
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(CONTINUED)

Page 1 of 2

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

Cara Lyn Do
18959 WOOD SAGE Dr.
Tampa FL 33647

Sec.


JASON Choong C. LAM
18959 WOOD SAGE Dr
TAMPA FL 33647

(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.)

CARA Lyn Do

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)

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TALLAHASSEE, FLORIDA