

LD9000043519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

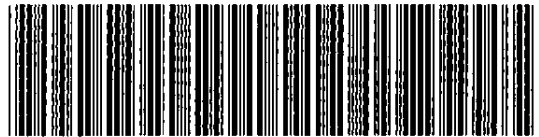
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W09000018740

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200150864632

04/20/09--01045--014 **130.00

FILED
09 APR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 06 2009

EXAMINER

EFFECTIVE DATE 4/14/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDSEARCHLABS, 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:

MATTHEW HEADY

(Name of Person)

MDSEARCHLABS, LLC.

(Firm/Company)

5823 BOWEN PARK DR. #1203
~~1203 BOWEN PARK DR.~~

(Address)

TAMPA / FL 33616

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW HEADY

(Name of Person)

at (813) 795-3209

(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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09 APR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2009

MATTHEW HEADY
5823 BOWEN DANIEL DRIVE, #1203
TAMPA, FL 33616

SUBJECT: M D SEARCH LABS, LLC
Ref. Number: W09000018740

We have received your document for M D SEARCH LABS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 609A00013417

FILED
09 APR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M D SEARCH LABS, 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:

5823 BOWEN DANIEL DR. #1203
~~6000 BOWEN DANIEL DR. #1203~~
TAMPA, FL
33616

Mailing Address:

5823 BOWEN DANIEL DR. #1203
~~6000 BOWEN DANIEL DR. #1203~~
TAMPA, FL
33616

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:

~~W. Matthew~~ W. Matthew
Name
5823 BOWEN DANIEL DR. #1203
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33616
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 4/14/09

(CONTINUED)

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

MGRM

Name and Address:

5823 BOWEN PARKWAY

MATTHEW HENRY

~~6000 N. H. HENRY~~ #1263

TAMPA, FL 33616

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 14, 2009. (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.)

MATTHEW J. HENRY

Typed or printed name of signee

FILED
09 APR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)