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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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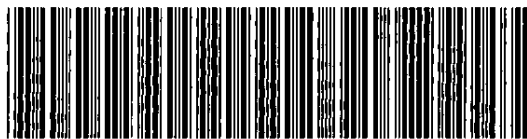
Special Instructions to Filing Officer:

**A. LUNT**

JUL 28 2009

**EXAMINER**

Office Use Only



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07/27/09--01013--010 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ASSOCIATION INSURERS AGENCY, INC.  
Post Office Box 43968  
Baltimore, Maryland 21236-0968  
410-256-8702 • FAX 410-256-8704

Jeffrey M. Patten  
President

July 22, 2009

Florida Dept. of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

RE: TrustMed LLC

Attached you will find a completed Cover Letter, Articles of Organization for Florida  
Limited Liability Company, and a check for \$125 for my application on the above  
captioned.

Please forward to me a Letter of Acknowledgement upon registration to TrustMed LLC.

Should there be any questions, please call 410-256-8702, or my cell #410-456-5464.

A handwritten signature in black ink, appearing to read 'Jeffrey M. Patten', is written over a large, stylized checkmark.

Jeffrey M. Patten

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TrustMed 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:

Jeffry M. Patten  
Name of Person

Association Insurers Agency, Inc.  
Firm/Company

PO Box 43968  
Address

Baltimore, Maryland 21236-0968  
City/State and Zip Code

aiai@comcast.net  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jeffry M. Patten at ( 410 ) 456-5464  
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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TrustMed 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:

3707 Oakfalls Way  
Baltimore, Maryland 21236

#### Mailing Address:

AIA, Inc.  
PO Box 43968  
Baltimore, Maryland 21236-0968

### 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:

Jeffrey M. Patten

Name

8359 Wingate Drive #2022

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

Sarasota, FL 34238

FL

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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TALLAHASSEE, FLORIDA

**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

Jeffry M. Patten  
8359 Wingate Drive #2022  
Sarasota, FL 34238

MGRM

Patricia Ehringer  
3707 Oakfalls Way  
Baltimore, Maryland 21236

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/22/2009 (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.)

Jeffry M. Patten

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)

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TALLAHASSEE, FLORIDA