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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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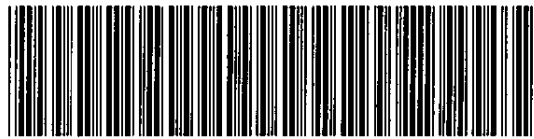
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SECRET
DIVISION OF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLD TEAM HOME HEALTH MEDICAL SUPPLIES 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:

FELIX E. OMORODION

Name of Person

GOLD TEAM HOME HEALTH MEDICAL SUPPLIES LLC

Firm/Company

2109 CATTLEMAN DRIVE

Address

BRANDON FLORIDA 33511

City/State and Zip Code

OMORODION55@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIX E. OMORODION

Name of Person

at (813) 662-0307

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:

GOLD TEAM HOME HEALTH MEDICAL SUPPLIES, 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:

Mailing Address:

2109 CATTLEMAN DRIVE 2109 CATTLEMAN DRIVE
BRANDON FL 33511 BRANDON FL 33511

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:

FELIX E. OMORODION
Name

2109 CATTLEMAN DRIVE
Florida street address (P.O. Box **NOT** acceptable)
BRANDON FL 33511
City, State, and Zip

09 JUL 29 AM 9:20

FILED
SECRETARY OF
DIVISION OF

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.

Felix E. Omorodion

Registered Agent's Signature (REQUIRED)

(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

MGR

MGRM

Name and Address:

FELIX E. OMORODION
2109 CATTLEMAN DRIVE
BRANDON FL 33511

RITA E. GUOBADIA
2109 CATTLEMAN DR
BRANDON FL 33511

(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.)

FELIX E. OMORODION

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)**