

Division of Corporations

LA900012046

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-8383

L. SELLERS

DEC 18 2009

From:

Account Name : KUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kristin25@rocketmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.
Medusa of Fruitland Park, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Medusa of Fruitland Park, L.L.C.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2468 Highway 441, Suite 103

2468 Highway 441, Suite 103

Fruitland Park, FL 34731

Fruitland Park, FL 34731

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Thomas E. Stokes

Name

12822 CR 245 W.

(P.O. Box or Mail Drop Box NOT Acceptable)

Oxford, FL 34484

(City / State / 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.

Thomas E. Stokes

Registered Agent's Signature - Thomas E. Stokes

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ARTICLE IV - Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Kristin Jeanine Brown - 2887 CR 245 D, Oxford, FL 34484

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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,)

Kristin Jeanine Brown

Typed or printed name of signee

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