

**L10000023881**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

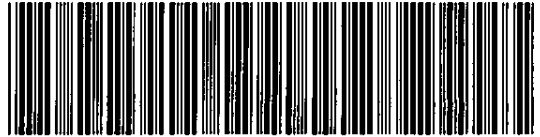
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Certificates of Status \_\_\_\_\_

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2010 MAR -2 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
MAR 03 2010  
EXAMINER





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2010

YOLANDA LORIE  
4885 STATE RD 11  
DELEON SPRINGS, FL 32130

SUBJECT: URINARY BIO SOLUTIONS LLC  
Ref. Number: W10000007570

We have received your document for URINARY BIO SOLUTIONS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 710A00003716



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: URINARY BIO SOLUTIONS 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:

YOLANDA LORIE

Name of Person

Firm/Company

4885 STATE RD 11

Address

DELEON SPRINGS, FL 32130

City/State and Zip Code

ylorie@mac.com

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

For further information concerning this matter, please call:

RAMON J. IGLESIAS

Name of Person

at (386) 736-2424

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:

URINARY BIO SOLUTIONS 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:

4885 STATE RD 11  
DELEON SPRINGS, FL 32130

#### Mailing Address:

4885 STATE RD 11  
DELEON SPRINGS, FL 32130

### 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:

YOLANDA LORIE

Name

4885 STATE RD 11

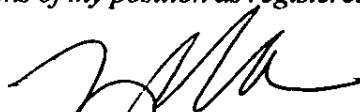
Florida street address (P.O. Box **NOT** acceptable)

DELEON SPRINGS FL 32130

City, State, and Zip

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SECRETARY OF STATE  
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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)



FILED

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

The name and address of each Manager or Managing Member is as follows: 2010 MAR -2 AM 10:55

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YOLANDA LORIE

4885 STATE RD 11  
DE LEON SPRINGS, FL 32130

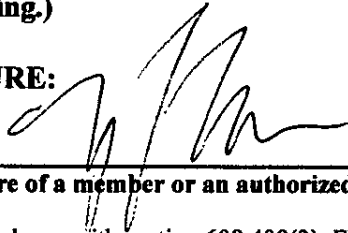
RAMON J. IGLESIAS

4885 STATE RD 11  
DE LEON SPRINGS, FL 32130

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/27/10 (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.)

YOLANDA LORIE

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)