

L10000057227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wt-1636A. LUNT

MAY 27 2010

EXAMINER

Office Use Only



800173957678

04/01/10--01020--023 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 26 PM 2:16

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2010

BRIAN M MURPHY
4N886 DOVER HILL ROAD
ST. CHARLES, IL 60175

SUBJECT: CHITOTECH DISTRIBUTION, LLC
Ref. Number: W10000016369

We have received your document for CHITOTECH DISTRIBUTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 810A00008155

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chitotech Distribution, 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:

Brian M. Murphy

Name of Person

Chitotech Distribution, LLC

Firm/Company

4N886 Dover Hill Road

Address

St. Charles, IL 60175

City/State and Zip Code

Bmurphy@nano-options.com

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

For further information concerning this matter, please call:

Brian M. Murphy

Name of Person

at (630)

338-5022

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:

Chitotech Distribution, 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:

4N886 Dover Hill Road

St. Charles, IL 60175

Mailing Address:

4N886 Dover Hill Road

St. Charles, IL 60175

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:

~~Scion Cardio Vascular, Inc.~~

Name

~~14256 SW 44th Ave~~

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

Baynton Beach

Miami, FL 33186

City, State, and Zip

33426

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

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2010 MAY 26 PM 2:16

SECRETARY OF STATE
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:

MGRM

Brian M. Murphy
4N886 Dover Hill Road
St. Charles, IL 60175

MGR

Helga E. Lamb
3416 S. Lake Dr
Boynton Beach, FL33435

MGR

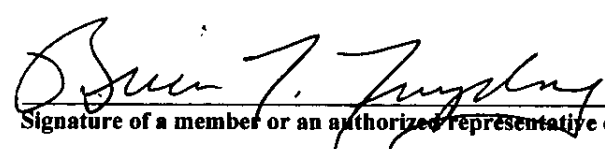
Louis Rose
c/o Scion Cardio Vascular 14256 SW 119th Ave
Miami, FL 33186

(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.)

Brian M. Murphy

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)