1000082075

(Requestor's Name)				
(Address)				
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(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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EXAMINER

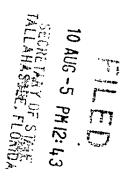


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NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILMS

DEPARTMENT OF STATE OF CORPORATION



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PRINCEMED LLC				
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			1	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
			l	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			√	Cert. Copy
				Photo Copy
			Certificate of Good Standing	
		<u> </u>	Certificate of Status	
			Certificate of Fictitious Name	
				Corp Record Search
				Officer Search
				Fictitious Search
Signatura			Fictitious Owner Search	
Signature			<u></u>	Vehicle Search
				Driving Record
Requested by: SETH			UCC 1 or 3 File	
			l	UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETABY OF STATE A

ARTICLE I - Name:

The name of the Limited Liability Company is PRINCEMED LLC

ARTICLE II - Address:

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

Principal Office Address: 5512 PINETREE DRIVE FORT PIERCE, FL 34982 Mailing Address: 5512 PINETREE DRIVE FORT PIERCE, FL 34982

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

ROBERT I. PRINCE 5512 PINETRE DRIVE FORT PIERCE, FL 34982

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, Florida Statutes..

Registered Agent's Signature

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

MGRM:

ROBERT I. PRINCE

Name & Address:

5512 PINETREE DRIVE

FORT PIERCE, FL 34982

MGRM:

JULIA F. PRINCE

5512 PINETREE DRIVE FORT PIERCE, FL 34982

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT I. PRINCE

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)