

L10000083792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

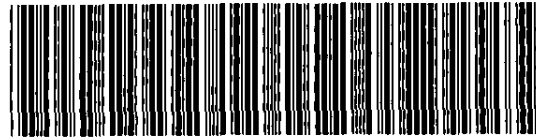
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200183934032

08/10/10--01012--020 **155.00

RECEIVED
FBI
LABORATORY

10 AUG 10 PM 1:40

RECEIVED

10 AUG 10 PM 3:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

AUG 10 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 AUG 10 PM 3:45

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/10/2010

REF. #: 000409.130333

CORP. NAME: MEDVIN, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 536063 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
MEDVIN, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 10 PM 3:45

ARTICLE I: - Name

The name of the Limited Liability Company is: **MEDVIN, LLC.**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Everett Wilson, Esq., Akerman Senterfitt, One Southeast Third Avenue, 25th Floor, Miami, Florida 33131.

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

The name and the street address of the registered agent are: CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.

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.

CORPDIRECT AGENTS, INC., Registered Agent

By: _____

Name: Katie Wonsch

Title: Assistant Secretary

ARTICLE IV: - Management

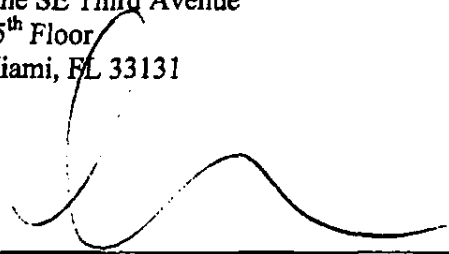
The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

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

The name and address of each Manager is as follows:

MGR

Michael P. Gennett
c/o Akerman Senterfitt
One SE Third Avenue
25th Floor
Miami, FL 33131



Everett Wilson, 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.)

Everett Wilson

Typed or printed name of signee