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(Address)

(Address)

(City/State/Zip/Phone #)

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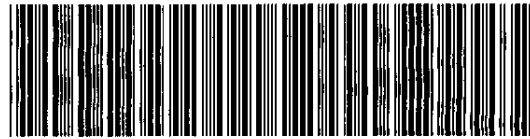
(Business Entity Name)

(Document Number)

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10 AUG 10 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
AUG 11 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POINT OF CARE 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:

DOUGLAS R. MALIE

Name of Person

POINT OF CARE SOLUTIONS, LLC

Firm/Company

1811 SELVA GRANDE DRIVE

Address

ATLANTIC BEACH, FL 32233

City/State and Zip Code

DMALIE@BELLSOUTH.NET

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

For further information concerning this matter, please call:

DOUGLAS R. MALIE

Name of Person

at ( 904 ) 718-2760

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF ORGANIZATION  
OF  
POINT OF CARE SOLUTIONS, LLC**

The undersigned, under the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company for profit under the laws of Florida, adopts the following Articles of Organization:

**ARTICLE I**

The name of the limited liability company is:

**Point of Care Solutions, LLC**

**ARTICLE II**

The street address of the principal office of the limited liability company is:

1811 Selva Grande Drive  
Atlantic Beach, FL 32233

The mailing address of the limited liability company is:

1811 Selva Grande Drive  
Atlantic Beach, FL 32233

**ARTICLE III**

The name and Florida address of the registered agent are:

Douglas R. Malie  
1811 Selva Grande Drive  
Atlantic Beach, FL 32233

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.

  
\_\_\_\_\_  
Douglas R. Malie

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**ARTICLE IV**

The name and address of the managing member(s)/manager(s) are:

Title: Managing Member  
Douglas R. Malie  
1811 Selva Grande Drive  
Atlantic Beach, Florida 32233

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 6<sup>th</sup> day of August, 2010.

  
\_\_\_\_\_  
Douglas R. Malie, as Managing Member

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TALLAHASSEE, FLORIDA