





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2010

JAMES MARTIN MOORE  
MEDICAL TOURISM INTERNATIONAL INC LLC  
937 VINERIDGE RUN 107  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MEDICAL TOURISM INTERNATIONAL INC LLC  
Ref. Number: W10000043991

FILED  
10 SEP 28 PM 1:21  
TALLAHASSEE, FLORIDA  
SECOND DEPT OF STATE

We have received your document for MEDICAL TOURISM INTERNATIONAL INC LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 510A00022265

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDICAL TOURISM INTERNATIONAL 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:

James Martin Moore

Name of Person

MEDICAL TOURISM INTERNATIONAL LLC.

Firm/Company

937 Vineridge Run 107

Address

Altamonte Springs FL 32714

City/State and Zip Code

jamesmoore8875@yahoo.com

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

For further information concerning this matter, please call:

James M Moore

Name of Person

at ( 407 ) 9292010

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

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDICAL TOURISM INTERNATIONAL 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:

6010 Folkstone Lane

Orlando FL 32822

#### Mailing Address:

937 Vineridge Run 107

Altamonte Springs FL 32714

### 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:

James Martin Moore

Name

937 Vineridge Run 107

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

Altamonte Springs

FL 32714

City, State, and Zip

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*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)

**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

LODEWIKUS JOHANNES KANNEMEYER

6010 FOLKSTONE LANE

ORLANDO FLORIDA 32822

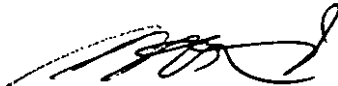
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(Use attachment if necessary)

**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.)

LODEWIKUS JOHANNES KANNEMEYER

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)