

Division of Corporations

L10000122412

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000254403 3)))



H10000254403ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.
Account Number : I19990000015
Phone : (727) 461-1111
Fax Number : (727) 461-6430

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BAY AREA SURGICAL SUPPLIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

A. LUNT

NOV 29 2010

EXAMINER

RECEIVED

10 NOV 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 NOV 24 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H10000254403 3

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

BAY AREA SURGICAL SUPPLIES, LLC

ARTICLE I: NAME AND MAILING ADDRESS

The name of the Limited Liability Company is **BAY AREA SURGICAL SUPPLIES, LLC**, and its principal office and mailing address is 230 North Bayshore Blvd., #102 Clearwater, Florida 33759.

**ARTICLE II: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Gary W. Lyons, Esquire
311 South Missouri Avenue
Clearwater, Florida 33756

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.


GARY W. LYONS, Registered Agent

ARTICLE III - MANAGEMENT

This Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed Company. The initial Managers shall be KATHY PEARL KRIDER TRIER, 230 North Bayshore Blvd., #102 Clearwater, Florida 33759 and KEVIN CHANDLER TRIER, 230 North Bayshore Blvd., #102 Clearwater, Florida 33759. Either one of the Managers shall be authorized to sign and bind the Company in all Company matters.

Prepared By:
McFarland, Gould, Lyons,
Sullivan & Hogan, P.A.
Gary W. Lyons, Esq.
FBN: 0268186
311 S. Missouri Avenue
Clearwater, FL 33756
(727) 461-1111

H10000254403 3

2010 NOV 24 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H10000254403 3

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.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization for Florida Limited Liability Company this 18 day of November, 2010.

Kathy Pearl Krider Trier
KATHY PEARL KRIDER TRIER
Titled: Authorized member

FILED
2010 NOV 24 AM 11:04
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA