

L11000044013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400197658394
03/15/11--01006--002 **130.00

EFFECTIVE DATE 03-09-11

FILED
11 MAR 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 13 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SeCo Medical Legal Consulting, 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:

Susan K. Sells

Name of Person

SeCo Medical Legal Consulting, LLC

Firm/Company

2040 Wild Tamarind Blvd.

Address

Orlando, FL 32828

City/State and Zip Code

sellscoffin@gmail.com

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

For further information concerning this matter, please call:

Susan

Name of Person

at (407) 276-4364

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

FILED
11 MAR 15 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SeCo Medical Legal Consulting, 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:

2040 Wild Tamarind Blvd
Orlando, FL 32828

Mailing Address:

2040 Wild Tamarind Blvd
Orlando, FL 32828

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:

Jay Coffin

Name

2040 Wild Tamarind Blvd

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

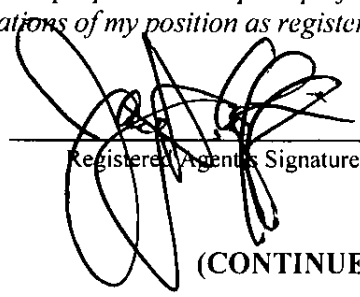
Orlando

FL 32828

City, State, and Zip

FILED
11 MAR 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Susan Sells, MGRM

2040 Wild Tamarind Blvd

Orlando, FL 32828

(Use attachment if necessary)

FILED
11 MAR 16 AM 11:05
STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: March 9, 2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Susan K. Sells

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)

Susan K. Sells
2040 Wild Tamarind Blvd
Orlando, FL 32828
407-276-4364

April 7, 2011

Barbara Bostick, Regulatory Specialist II
Florida Department of State- Div of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
11 MAR 16 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Ms. Bostick:

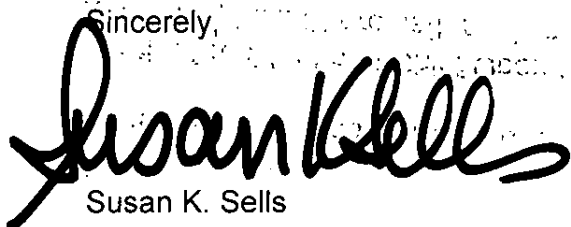
This letter is in follow up to our conversation yesterday regarding the LLC that I am trying to set up. I have enclosed with this letter the original paperwork that was returned to me as well as a copy of your letter dated March 16, 2011.

I am the President and Chief Operating Officer of SeCo Medical Legal Consulting, Inc., ("hereinafter called SeCo, Inc."). SeCo, Inc. was incorrectly formed by me and my husband, Jay Coffin, in 2010. We meant to set the company up as a single member limited liability corporation. This mistake was not discovered until our accountant prepared our taxes. Therefore, in March, I attempted to set up SeCo Medical Legal Consulting, LLC, ("hereinafter called SeCo, LLC").

We are planning to close SeCo, Inc. once we have properly established SeCo, LLC. Therefore, we are requesting that the company name of SeCo Medical Legal Consulting be released and allow the name to be used by SeCo, LLC.

Please call me at 407-276-4364 if you have any additional questions. This company is new and I have spent a lot of time promoting the company name of "SeCo Medical Legal Consulting" and would hate to lose the name due to an error in establishing the proper legal entity.

Sincerely,


Susan K. Sells



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2011

SUSAN K. SELLS
2040 WILD TAMARIND BLVD.
ORLANDO, FL 32828

SUBJECT: SECO MEDICAL LEGAL CONSULTING, LLC
Ref. Number: W11000015280

We have received your document for SECO MEDICAL LEGAL CONSULTING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000006360,

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 511A00006483