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(City/State/Zip/Phone #)

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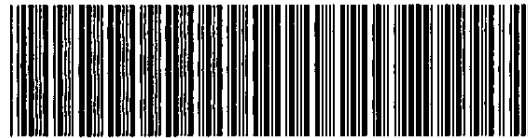
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 25 PM 01:42

FILED

C. LEWIS

APR 26 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mamacon Medical 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:

Darren F. Kahn

Name of Person

Mamacon Medical LLC

Firm/Company

4637 NW 6th Street

Address

Gainesville, Florida 32635

City/State and Zip Code

darren.kahn@rgimedical.com

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

For further information concerning this matter, please call:

Darren F. Kahn

Name of Person

at (352) 378-3633

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

Articles of Organization
For
Mamacon Medical LLC

FILED
2011 APR 25 PM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I

NAME. The name of this Limited Liability Company is Mamacon Medical LLC.

Article II

PRINCIPAL OFFICE. The mailing address and street address of the principal office of this Limited Liability Company is:

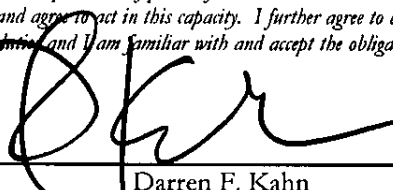
Principal Office Address
4637 North West 6th Street
Gainesville, Florida 32609

Mailing Address
P.O. Box 358411
Gainesville, Florida 32635

Article III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE.
The street address of the initial registered agent of this Limited Liability Company is 4637 North West 6th Street, Gainesville, Florida 32609, and the name of the initial registered agent of this Limited Liability Company is Darren F. Kahn.

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 appointment and agree to act in this capacity. I further agree to comply with my 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.



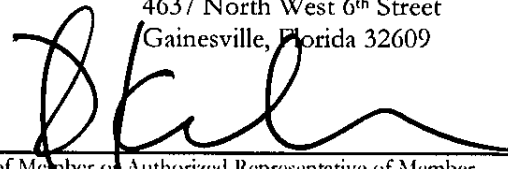
Darren F. Kahn
Registered Agent

Article IV

MANAGING MEMBERS. The name and address of each Managing Member is as follows:

TITLE
Managing Member

NAME & ADDRESS
Darren F. Kahn
4637 North West 6th Street
Gainesville, Florida 32609



Signature of Member or Authorized Representative of 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.)

Darren F. Kahn

Typed or Printed Name of Signee