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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 AM 11:11

T. HAMPTON
MAY -4 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDU & MED TECHNOLOGY 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:

ALEXIS AVILA

Name of Person

EDU & MED TECHNOLOGY LLC.

Firm/Company

15205 HUCKLEBERRY RD

Address

WIMAUMA, FLORIDA 33598

City/State and Zip Code

aaavila03@gmail.com

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

For further information concerning this matter, please call:

ALEXIS AVILA

Name of Person

at (813) 728-6640

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDU & MED TECHNOLOGY 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:

15205 HUCKLEBERRY RD
WIMAUMA, FLORIDA 33598

Mailing Address:

15205 HUCKLEBERRY RD
WIMAUMA, FLORIDA 33598

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:

ALEXIS AVILA

Name

15205 HUCKLEBERRY RD

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

WIMAUMA

FL 33598

City, State, and Zip

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.

Alexis Avila

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

ALEXIS AVILA

15205 HUCKLEBERRY RD

WIMAUMA, FLORIDA 33598

MGRM

RENE RODOLFO AVILA BARRIA

ALTOS DEL ROMERAL #165

PARQUE LEFEVRE, PANAMA, COUNTRY OF PANAMA

MGRM

RENE RODOLFO AVILA GONZALEZ

QUINTAS DEL MONTICELLO, CALLE SEBASTIAN #108C

RUFINA ALFARO, SAN MIGUELITO, COUNTRY OF PANAMA

(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:

Alexis Avila S
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.)

ALEXIS AVILA
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)

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