

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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.
MEDI-SOLUTIONS INSURANCE AGENCY LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

11 MAY 26 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 26 AM 7:40

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DIVISION OF CORPORATIONS

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T. HAMPTON

MAY 27 2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name

The Name of the Limited Liability Company is MED!-SOLUTIONS INSURANCE AGENCY LLC.

ARTICLE II. - Address

The Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

14255 US HWY 1
JUNO BEACH, FL. 33408

Mailing Address

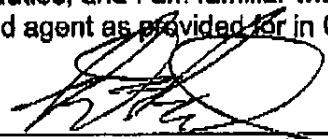
14255 US HWY 1
JUNO BEACH, FL. 33408

Article III. - Registered Agent , Registered Office & Registered Agent's Signature:

The name and address of the registered agent are:

Robert A. Pascal, P.A.
300 S. Avenue of the Arts
Fort Lauderdale, Fl. 33312

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 said capacity. I further agree to comply with all 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

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The articles prepared by R. Pascal, P.A., 300 S. Ave of Arts, Ft. Laud. Fl. 33312

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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:

"MGR"= Manager

"MGRM"=Managing Member

Name and Address:

1. MGR

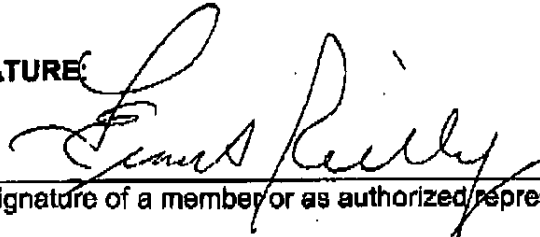
FRANK REILLY, SR.
401 S.W. 4th Avenue
Fort Lauderdale, Fl. 33315

2. MGR

LARRY MIKOLAJCIK
1255 South Main Street
Greensburg, PA. 15601

**ARTICLE V. - Effective Date, if other than date of
filing: _____ (Optional).**

REQUIRED SIGNATURE:



Signature of a member or as authorized representative of member.

In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under penalties of perjury
That the facts stated herein are true.

FRANK REILLY, SR.

Typed or Printed name of signee

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