

# L11000066314

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

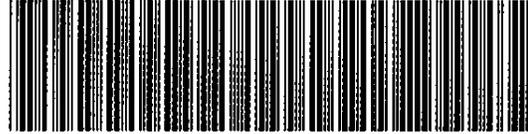
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUN - 6 AM 11: 09

FILED

C. LEWIS

JUN 7 2011

EXAMINER

**DR. FRANK SCOTT  
515 MIRASOL CIRCLE, SUITE 206  
CELEBRATION, FLORIDA 34747  
407-340-6159**

June 2, 2011

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Forms to Organize a LLC

Dear Person:

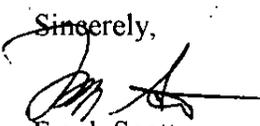
Enclosed with this cover letter are the following:

1. Cover letter
2. Articles of organization
3. \$130.00 filing fee payable to the Department of State.

I am concurrently sending to the Division of Corporations an application for forming a not-for-profit corporation with almost the same name, specifically iCAN Dx Rx Corporation. Please approve both names even though they are near the same since they are both together under my direction.

Thank you.

Sincerely,

  
Frank Scott

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LCANDXR 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:

DR FRANK SCOTT  
Name of Person

\_\_\_\_\_  
Firm/Company

515 MIRASOL CIRCLE SUITE 206  
Address

CELEBRATION FL 34747  
City/State and Zip Code

drfrank.scott@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK SCOTT at (407) 340 6159  
Name of Person 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:

ICAN Dx Rx 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:**

**Mailing Address:**

SIS MIRASOL CIRCLE SUITE 206  
CELEBRATION FL 34747

SAME

**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:

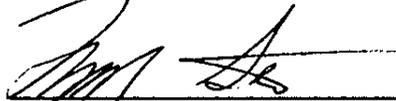
DR FRANK SCOTT  
Name

SIS MIRASOL CIRCLE SUITE 206  
Florida street address (P.O. Box **NOT** acceptable)

CELEBRATION FL 34747  
City, State, and Zip

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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)

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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:

2011 JUN -6 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

DR FRANK SCOTT  
515 MIRASOL CIRCLE SUITE 206  
CELEBRATION FL 34747

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

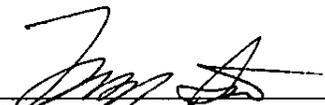
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(Use attachment if necessary)

**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:**

  
\_\_\_\_\_  
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.)

FRANK SCOTT  
\_\_\_\_\_  
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)