

L11000066314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

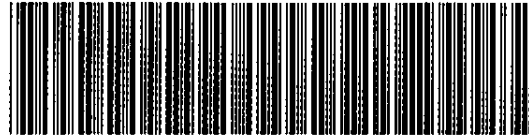
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/11--01010--0212--**130.00

FILED
2011 JUN - 6 AM 11:04
TALLAHASSEE, FLORIDA

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: ISCANDXR 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 DxRx 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 SAME
CELEBRATION FL 34747

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

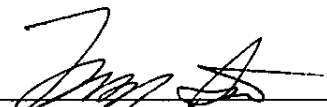
DR FRANK SCOTT
515 MIRASOL CIRCLE SUITE 206
CELEBRATION FL 34747

(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)