

L11000068028

(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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Office Use Only

B. KOHR

JUN 10 2011

EXAMINER



600208137746

06/06/11--01003--004 **310.00

RECEIVED

11 JUN -6 AM 9:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 10 PM 12:10

B. KOHR

JUN 10 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2011

EXPRESS CORPORATE FILING SERVICES

TALLAHASSEE, FL

SUBJECT: BIOMED, LLC
Ref. Number: W11000030691

RECEIVED
11 JUN 10 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUN 10 PM 12:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We have received your document for BIOMED, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

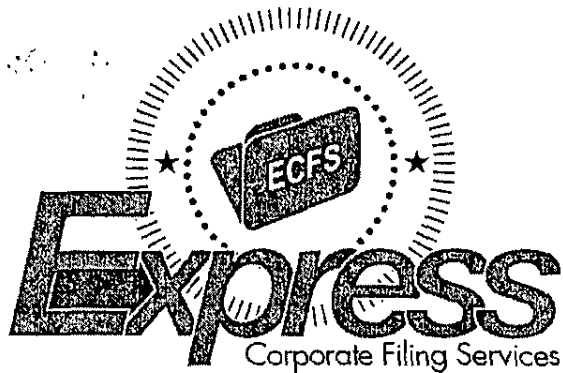
Because the addition of the words "Florida" or "of Florida" at the end of a name does not constitute a significant difference, the name "BIOMED, LLC" is not different enough from the name of an existing entity BIOMED FLORIDA, INC. -- Document Number P07000070701.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 911A00013722



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 10 PM 12:44

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Biomed Medical Equipment, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIOMED MEDICAL EQUIPMENT, 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:

14020 BISCAYNE BLVD

APT # 416

NORTH MIAMI, FL 33181

Mailing Address:

14020 BISCAYNE BLVD

APT # 416

NORTH MIAMI, FL 33181

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:

FERNANDO JOSE MEDEROS

Name

14020 BISCAYNE BLVD APT # 416

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

NORTH MIAMI FL 33181

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED STATE
SECRETARY OF CORPORATIONS
11 JUN 10 PM 12:44

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:

MGRM

FERNANDO JOSE MEDEROS

14020 BISCAYNE BLVD APT # 416

NORTH MIAMI, FL 33181

MGRM

FERNANDO ENRIQUE MEDEROS

14020 BISCAYNE BLVD APT # 416

NORTH MIAMI, FL 33181

MGRM

LUZ VIRGINIA MARQUINA

14020 BISCAYNE BLVD APT # 416

NORTH MIAMI, FL 33181

MGRM

ANDREA CAROLINA RAMIREZ

14020 BISCAYNE BLVD APT # 416

NORTH MIAMI, FL 33181

(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.)

FERNANDO JOSE MEDEROS

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)