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A. LUNT

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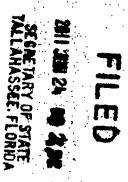
EXAMINER

Office Use Only



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COVER LETTER

Division of Co							
_{subject:} Ample	Medical Supplie	s, LLC					
- · · · · · · · · · · · · · · · · · · ·	Name of Limit	ed Liability Compar	ny				
The enclosed Articles of	Organization and fee(s) are	submitted for filing.					
Please return all corresp	ondence concerning this matt	er to the following:					
Gilliam E	lliott Jr						
		Name of Person					
Ample Me	edical Supplies, L	LC					
		Firm/Company			27	~	·
630 S Sa _l	podilla Ave				Y X		••••
		Address			A:		· _1
West Palm	Beach, FL, 33401				SSEC O AN	2 2	ר
		/State and Zip Code				3	× (3)
elliottg34@y	/ahoo.com E-mail address: (to be used for				35		
For further information of	concerning this matter, please	•	t notification)		> ***	. 	
Gilliam Elliott Jr		at (979	216-6132				
Name o	of Person		& Daytime Telep	phone Number			
Enclosed is a check for	r the following amount:					•	
√ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy)	y <u> </u>	\$160.00 Fill Certificate Certified C (additional co	of Statu opy	ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton But 2661 Execu	f Corporations				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CI	Æ	Ĭ -	Name	:

The name of the Limited Liability Company is:

A mala	Madiaal	Supplied	11	
Ample	iviedicai	Supplies,	ᆫᆫ	. U

(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:
630 S. Sapodilla Ave	630 S. Sapodilla Ave Suit 318
West Palm Beach, FL	West Palm Beach, FL
33401	33401
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.) The name and the Florida street address of the Gilliam Elliott	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
Nan	ne ga y
630 S. Sapodilla	a Ave
Florida street a	address (P.O. Box NOT acceptable)
West Palm Beach	33401
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)

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 Memb	oer
MGR	Gilliam Elliott 630 S. Sapodilla Ave, West Palm Beach, FL 3001
	SEE FLORID
(Use attachment if necessary)	·
ARTICLE V: Effective date, if other	than the date of filing: N/A . (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	
Signature of	a member or an authorized representative of a member.
(In accordance with se constitutes an affirma I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Gilliam Elliott

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee