

L11000105633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

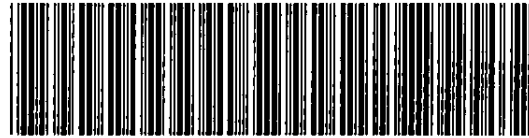
(Business Entity Name)

(Document Number)

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

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Effective Date 12/01/11

09/14/11--01014--025 \*\*155.00

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11 SEP 14 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 15 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medical Claims Unlimited, 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:

Roxanne Y. Thomas

Name of Person

Medical Claims Unlimited, LLC

Firm/Company

2720 Somerset Drive, #W402

Address

Lauderdale Lakes, Florida 33311

City/State and Zip Code

msthasroxanne@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxanne Y. Thomas

Name of Person

at ( 954 ) 663-7107

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Medical Claims Unlimited, 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:**

2720 Somerset Drive

#W402

Lauderdale Lakes, Florida 33311

**Mailing Address:**

2720 Somerset Drive

#W402

Lauderdale Lakes, Florida 33311

**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:

Effective Date 12/01/11

Roxanne Y. Thomas

Name

2720 Somerset Drive, #W402

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

Lauderdale Lakes FL 33311

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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Roxanne Y. Thomas

2720 Somerset Drive, #W402

Lauderdale Lakes, Florida 33311

MGRM

Quitney J. Hankerson

2720 Somerset Drive, #W402

Lauderdale Lakes, Florida 33311

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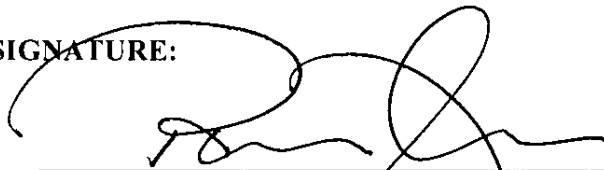
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 1, 2011. (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.)

Roxanne Y. Thomas

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)

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