

L12000061896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

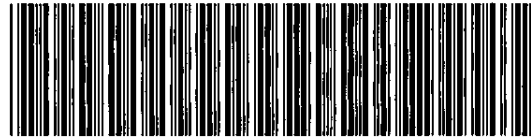
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200227477502

04/16/12--01027--006 \*\*160.00

2012 MAY -4 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE  
MAY - 8 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2012

HOSSAIN MARANDI  
P.O. BOX 340532  
TAMPA, FL 33694-0532

SUBJECT: MYCRON MEDICAL CONSULTANTS, LLC  
Ref. Number: W12000021155

We have received your document for MYCRON MEDICAL CONSULTANTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 512A0001192

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY -4 PM 2:00

FILED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Mycron Medical Consultants, 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:

**Hossain Marandi**

Name of Person

**Mycron Medical Consultants, LLC**

Firm/Company

**P. O. Box 340532**

Address

**Tampa, FL 33694-0532**

City/State and Zip Code

**hmarandi@hotmail.com**

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

For further information concerning this matter, please call:

**Hossain Marandi**

Name of Person

at ( **727** ) **741-2660**

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

2012 MAY -4 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Mycron Medical Consultants, 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:

760 S. Village Dr., #201  
St. Petersburg, FL 33716

#### Mailing Address:

P. O. Box 340532  
Tampa, FL 33694-0532

### 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:

Sam Heller

Name


200 Central Ave, Suite 290

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

Saint Petersburg FL 33701

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  
MAY -4 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

Hossain Marandi

P. O. Box 340532

Tampa, FL 33694-0532

MGR

Matthew Schwartz

P. O. Box 340532

Tampa, FL 33694-0532

(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.)

Hossain Marandi

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)**

2012 MAY -4 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED