# L12-000/43773

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SECRETARY OF STATE

T. CLINE
NOV 14 2012
EXAMINER

# **COVER LETTER**

TO: Registration Sec Division of Corp	orations			
SUBJECT: Ba	yland Me	Device, LLC	1	
SOBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of C	Organization and fee(s) are s	submitted for filing.		
Please return all correspon	ndence concerning this matte	er to the following:		
	SH	URUN ZHAO		
	Bauland.	Name of Person  MeDevice, L  Firm/Company	<u> </u>	
	Dayloric	Firm/Company		<del></del>
	4431	Waltham Dr.		
		Address	وس منظ دس منظ دود تا	- Table
	Tampa	Address  FL 33634  y/State and Zip Code  890 yahoo. Coo  or future annual report notification)	7 (m) 2 (m) 2 (m) 1 (m)	REIZ NOV 13
	/ City	y/State and Zip Code	S	$\frac{1}{\omega}$
	SZhao 8	or future applied report notification)	m Tie	· ,
For further information co	ncerning this matter, please			
SHURUN Name of	ZHAO	at ( 813 ) 598-	2893	4
name of	rerson	Area Code & Daytime Telep	nione Number	
Enclosed is a check for	the following amount:			
\$125,00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	ns &
	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 C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bayland MeDevice, 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:
4431 Waltham Dr. 4431 Waltham Dr.
Tampa, FL 33634 Tampa, FL 33634
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: $SH(1R(1)A) = \frac{1}{2}HAO$
SHURUN ZHAO
Name
4431 Waltham Dr. Tampa, FL 33634
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33634 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.
$\mathcal{O}_{\mathcal{A}}\mathcal{O}_{\mathcal{A}}$
Registered Agent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	SHURUN ZHAO
	4431 Waltham Dr.
(Use attachment if necessary)	85E 3
FICLE V: Effective date, if other than the	e date of filing: 11/10/2012 (OPTIONAL)
in effective date is listed, the date mus	at be specific and cannot be more than five business day
or 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.)

SHURUN ZHAO

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)