

L12000153290

(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:

DEC - 7 2012

L. SELLERS

~~6312 68512~~

Office Use Only



000241798480

11/15/12--01007--011 **125.00

FILED
12 DEC - 6 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DB Med, 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:

Beth Medina

Name of Person

DB Med, LLC

Firm/Company

10175 Fortune Pkwy, Ste. 504

Address

Jacksonville, FL 32256

City/State and Zip Code

DBMedLLC@yahoo.com

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

For further information concerning this matter, please call:

Beth Medina

Name of Person

at (**904**) **305-2116**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

BETH MEDINA
10175 FORTUNE PARKWAY, STE. 504
JACKSONVILLE, FL 32256

SUBJECT: DB MED, LLC
Ref. Number: W12000058512

We have received your document for DB MED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 112A00027964

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DB Med, 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:

13241 Bartram Park Blvd

Suite 301

Jacksonville, FL 32258

Mailing Address:

10175 Fortune Parkway, Ste. 504

Jacksonville, FL 32256

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:

Beth A. Medina

Name

13241 Bartram Park Blvd., Ste. 301

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

Jacksonville

FL

32258

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..

Beth A. Medina

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
12 DEC -6 PM 4:39
SECRETARY 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

Beth A. Medina

13241 Bartram Park Blvd., Ste. 301

Jacksonville, FL 32258

(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.)

Beth A. Medina

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)