

L13000033670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

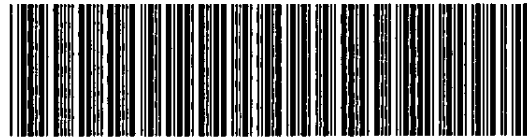
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 05 2013

B. KOHR

COVER LETTER

SUBJECT: Florida Mid State Non Emergency Transportation, LLC
Name of Limited Liability Company

Steven A. Washington
Name of Person

8044 Aspengrest Ct.
Address

Orlando, FL 32835
City/State and Zip Code

Stevon.washington@gmail.com
E-mail address: (to be used for future annual report notification)

Steven A Washington at (321) 948-0627
Name of Person () Area Code & Daytime Telephone Number

☐ \$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)

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**


XYMOGEN
 EXCLUSIVE PROFESSIONAL FORMULAS

Xymogen 6900 Kingspointe Pkwy Orlando, FL 32819 (800) 647-8100

FAX

To: Buck Kohn	From: Stevon Washington
Phone:	Phone : (800) 647-6100, ext
Fax: 850 245 6030	Fax: (407) 445-0204
	Email: stevonwashington@gmail.com
Subject: Revised Application	

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 TALLAHASSEE, FLORIDA

Notes: Buck,

If you need anything else from me
 please call me @ 321 948 0627 or
 email . 1stchoicemedtrans@gmail.com

Thank you again for the help!

Stevon

Important Warning: This information is intended for the use of the person and/or entity to whom it is addressed. This information may be confidential and privileged: the disclosure of which is governed by applicable federal and state laws. If you are not the intended recipient you are hereby notified that any disclosure, dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message in error, please notify us at (800) 647-6100 and destroy the related material.

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1st Choice Medical Transport, 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:

Steven Washington
Name of Person

1st Choice Medical Transport, LLC
Firm/Company

8044 Aspencrest Ct
Address

Orlando, FL 32835
City/State and Zip Code

1stchoicemedtrans@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Washington at (321) 948-0627
Name of Person 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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1st Choice Medical Transport, 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:8044 Aspencrest Ct
Orlando, FL 32835**Mailing Address:**8044 Aspencrest Ct
Orlando, FL 32835**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:

Talawa Washington
Name8044 Aspencrest Ct
Florida street address (P.O. Box **NOT** acceptable)Orlando FL 32835
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..

Talawa Washington
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

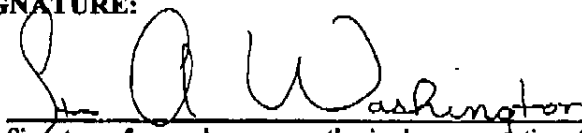
"MGRM" = Managing Member

Name and Address:MGRTalava Washington
8044 Aspencrest Ct
Orlando, FL 32835MGRMSteven Washington
8044 Aspencrest Ct
Orlando, FL 32835

(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.)

Steven Washington

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)