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(850) 245-6051.

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Medxsoftware Development

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:

Mike Shappell

Name of Person

Firm/Company

16280 East Yorkshire Drive

Address

Loxahatchee. FL 33470

City/State and Zip Code

shappell.mike@gmail.com

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

For further information concerning this matter, please call:

Mike Shappell

, 561

7133807

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT ARTICLE I - Name: The name of the Limited Liability Company is: Medxsoftware Development "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: 766 North East 5th Ave 766 North East 5th Ave Delray Beach, FL 33483 Delray Beach, FL 33483 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: Mike Shappell Name 6280 East Yorkshire Drive Florida street address (P.O. Box NOT acceptable) Loxahatchee. FL 33470 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..

(CONTINUED)

s Signature (REQUIRED)

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 "MGRM" = Managing Member	Name and Address:	3 5 7 7
MGRM	WOLVERTON, DOUG	
	2250 SW 67TH WAY	70 4
	MIRAMAR, FL 33023	95 <b>a</b>
MGRM	THOMPSON, SHAUN	
	5582 RAMBLER ROSE WAY	
	WEST PALM BEACH, FL 33415	<del></del>
MGRM	DRS FAMILY TRUST 2011	
	766 SE 5TH AVENUE	<del>1-************************************</del>
	DELRAY BEACH, FL 33483	
		<del></del>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>06/08/2013</u> (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.)

Mike Shappell

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)