

7/12/13

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mednap@yahoo.com

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FLORIDA LIMITED LIABILITY CO.  
Med-Nap LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H13000156664

ARTICLE I - Name

The name of the Limited Liability Company is: **Med-Nap 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:

321 Marianne Street

321 Marianne Street

Brooksville, FL 34601

Brooksville, FL 34601

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Pierre Sanfacon

Name

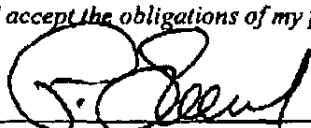
321 Marianne Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Brooksville, FL 34601

(City / State / 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 - Pierre Sanfacon**

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

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

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Pierre Sanfacon - 321 Marianne Street, Brooksville, FL 34601

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

Pierre Sanfacon

Typed or printed name of signee