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PICK-UP WAIT MAIL
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(Business Entity Name)
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.(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Suncoast Medical Systems, 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:

Jeffrey J. Benson

Name of Person

Suncoast Medical Systems, LLC.

Firm/Company

3728 Bellewater Blvd.

Address

Riverview, FL. 33578

City/State and Zip Code

suncoastmedicalsystems@gmail.com

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

For further information concerning this matter, please call:

Jeffrey J. Benson

_727

515-2694

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 LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 3728 Bellewater Blvd. Riverview, FL. 33578 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: Jeffrey J. Benson Name 3728 Bellewater Blvd. Florida street address (P.O. Box NOT acceptable) Riverview, FL. 33578 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 withes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	Our constitution of the state o		
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:		Name and Address:	
"MGR" = Ma "MGRM" = N	nager fanaging Member		
President		Jeffrey J. Benson	
		3728 Bellewater Blvd.	
		Riverview, FL. 33578	
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\$ 5.00 Certificate of Status (Optional)