

L13000174520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

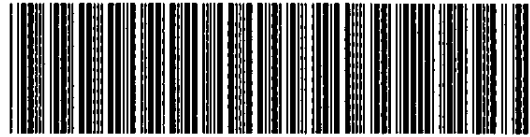
Special Instructions to Filing Officer:

DEC 18 2013

A. LUNT

W13-63393

Office Use Only



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2013 DEC 16 PM 4:31  
11/12/13--01059--022 \*125.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2013

EDWIN E. MORTELL, III ESQ  
416 FLAMINGO AVE.  
STUART, FL 34996

SUBJECT: MEDAMERICA HEALTHCARE SUPPLIERS, LLC  
Ref. Number: W13000063393

We have received your document for MEDAMERICA HEALTHCARE SUPPLIERS, 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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

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.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 613A00026542

2013 DEC 16 PM 4:31

FILED

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MedAmerica HealthCare Suppliers, 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:

**Edwin E. Mortell, III, Esquire**

Name of Person

**Peterson Bernard**

Firm/Company

**416 Flamingo Avenue**

Address

**Stuart, FL 34996**

City/State and Zip Code

**edwinmortell@stuart-law.net**

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

For further information concerning this matter, please call:

**Edwin Mortell**

Name of Person

at **(772) 286-9881**

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 I - Name:

The name of the Limited Liability Company is:

MedAmerica HealthCare Suppliers, 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:

2100 SE Ocean Boulevard

Suite 102

Stuart, FL 34996

#### Mailing Address:

### 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:

Edwin E. Mortell, III, Esquire

Name

Peterson Bernard, 416 Flamingo Avenue

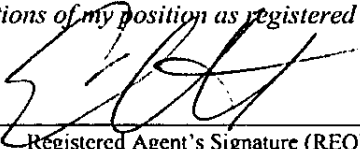
Florida street address (P.O. Box **NOT** acceptable)

Stuart, Florida 34996

FL

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..*

  
\_\_\_\_\_  
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:**

Chairman MGRM

Robert O. Baratta, M.D.

2100 SE Ocean Blvd., #102

Stuart, FL 34996

President MGRM

Carole Veloso

2100 SE Ocean Blvd., #102

Stuart, FL 34996

Treasurer/CFO MGRM

Scott Baratta

2100 SE Ocean Blvd., #102

Stuart, FL 34996

Secy/COO MGRM

Leo Acuna

2100 SE Ocean Blvd., #102

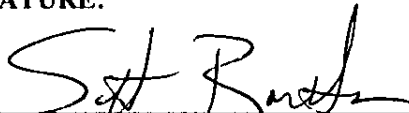
Stuart, FL 34996

(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.)

Scott Baratta  
\_\_\_\_\_  
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)