

L14000015237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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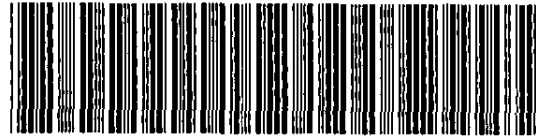
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U.S. PATENT

# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560  
Writer's Direct Line: (850) 425-5457

January 27, 2014

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Florida MedTrans Network LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Florida MedTrans Network LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00  
Filing Fee

☐ \$130.00  
Filing Fee &  
Certificate of Status

☒ \$155.00  
Filing Fee &  
Certified Copy  
(additional copy enclosed)

☐ \$160.00  
Filing Fee,  
Certified Copy &  
Certificate of Status  
(additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing. We would appreciate your including the following email address in your records for purposes of annual report notification and other notices provided by your office:

Andrew.Winakor@hmsadvisors.com

Thank you in advance for your usual assistance in these matters.

Sincerely,

  
Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
FLORIDA MEDTRANS NETWORK LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **Florida MedTrans Network LLC**.

**ARTICLE 2.  
Address**

The street and mailing address of the place of business is:

c/o National MedTrans Network, Inc.  
992 South 2nd Street  
Ronkonkoma, New York 11779

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**EMILY S. WAUGH**  
123 South Calhoun Street  
Tallahassee, Florida 32301-1517

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.*

  
\_\_\_\_\_  
**EMILY S. WAUGH**, Registered Agent

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TALLAHASSEE FL 32301

**ARTICLE 4.  
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of the initial Manager are as follows:

**ANDREW WINAKOR, Manager**

992 South 2nd Street  
Ronkonkoma, New York 11779

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 27th day of January, 2014.

*In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under 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 Section 817.155, F.S.*



**EMILY S. WAUGH**

Authorized Representative of a Member

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