

LI 4000038618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

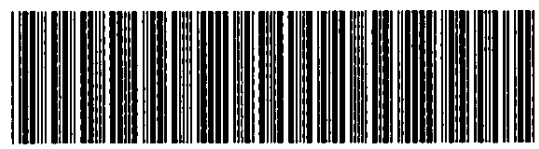
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/06/14--01019--016 **130.00

FILED
2014 MAR - 6 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 03/03/14

MAR 07 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medical Products and Research 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:

Steven Menard
Name of Person

Medical Products and Research LLC.
Firm/Company

1435 E Venice Ave Ste 104 - 151
Address

Venice, FL 34292
City/State and Zip Code

sgmenard@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Menard at (941) 564-8935
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
MG* 80-358110
- \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical Products and Research 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:

5272 Andris St
North Port, FL 34288

1435 E Venice Ave Ste 104-151
Venice, FL 34292

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:

Cody Menard
Name

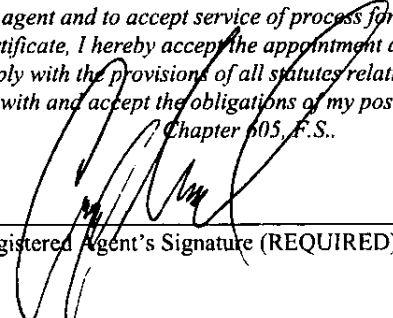
5272 Andris St
Florida street address (P.O. Box **NOT** acceptable)

North Port FL 34288
City Zip

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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 605, F.S..

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 03/03/14

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR


Name and Address:
Steven Menard
5272 Andris St
North Port, FL 34288

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03-03-2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)
Steven Menard

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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)