

#L14000061736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

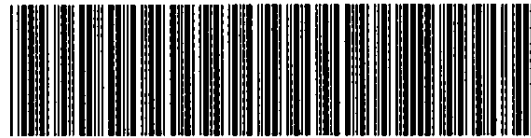
(Business Entity Name)

(Document Number)

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

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04/14/14--01033--013 \*\*125.00

EFFECTIVE DATE  
5-7-2014

FILED  
2014 APR 14 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 15 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUN STATE MEDICAL RE-LEAF 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:

MYRON THADEN  
Name of Person

SUN STATE MEDICAL RE-LEAF  
Firm/Company

5229 FAIRWAY OAKS DR.  
Address

WINDERMERE FL. 34786  
City/State and Zip Code

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

For further information concerning this matter, please call:

MYRON THADEN at ( 407 ) 579-0336  
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 I - Name:

The name of the Limited Liability Company is:

SUN STATE MEDICAL RE-LEAF "LLC."

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

EFFECTIVE DATE  
5-7-2014

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5229 FAIRWAY OAKS DR.  
WINDERMERE  
FL 34786

Mailing Address:

5229 FAIRWAY OAKS DR  
WINDERMERE  
FL 34786

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

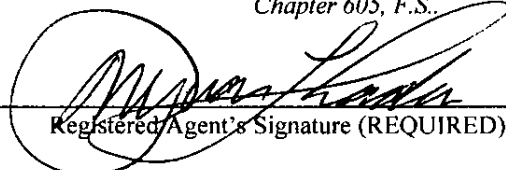
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MYRON THORN  
Name  
5229 FAIRWAY OAKS DR.  
Florida street address (P.O. Box **NOT** acceptable)  
WINDERMERE FL 34786  
City Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

MYRON THADEN  
5229 FAIRWAY PARKS DR.  
WINDERMERE FL 33478

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 7, 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.

NONE

**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.)

MYRON THADEN

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)