

L14000086252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

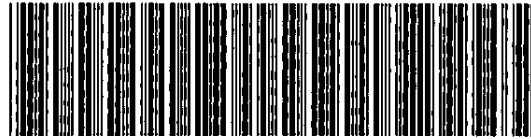
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500260380055

05/20/14--01014--002 **130.00

FILED
14 MAY 20 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDICAL ALTERNATIVE SOLUTIONS, 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:

LARRY L. RARDON

Name of Person

Rardon and Associates, P.A.

Firm/Company

3918 North Highland Avenue

Address

Tampa, Florida 33603

City/State and Zip Code

lrardon@rardonlaw.com

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

For further information concerning this matter, please call:

Larry L. Rardon

Name of Person

at (813)

Area Code

228-7772

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:

MEDICAL ALTERNATIVE SOLUTIONS, 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:

11865 Fort King Highway
Thonotosassa, Florida 33592

11865 Fort King Highway
Thonotosassa, Florida 33592

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:

Larry L. Rardon

Name

3918 North Highland Avenue

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

Tampa

City

FL 33603

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 605, F.S.

Larry L. Rardon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 MAY 20 AM 11:27
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

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:

Tom Simpson

11865 Fort King Highway

Thonotosassa, Florida 33592

MGR

June Simpson

11865 Fort King Highway

Thonotosassa, Florida 33592

AMBR

Jack West

4411 West Watrous

Tampa, Florida 33629

AMBR

Larry Rardon

3918 North Highland Avenue

Tampa, Florida 33603

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Larry Rardon

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.)

Larry L. Rardon

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)

FILED
14 MAY 20 AM 11:27
DEPT. OF STATE
TALLAHASSEE, FLORIDA