

L15000002691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

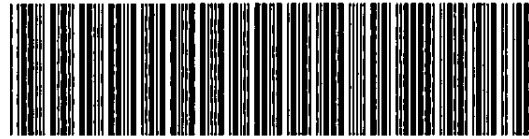
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400266909134

12/15/14--01034--016 **160.00

Effective Date

1/1/15

FILED

15 JAN -5 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN -7 2015

T. HAMPTON

435671109

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medication and Health Experts, 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:

Michael J. Schuh

Name of Person

Medication and Health Experts, LLC

Firm/Company

4252 Summerton Oaks Circle

Address

Jacksonville, FL 32223

City/State and Zip Code

mschuhrx1@gmail.com

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

For further information concerning this matter, please call:

Michael Schuh

at (904)

571-6667

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JAN -5 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

December 18, 2014

MICHAEL J SCHUH
4252 SUMMERTON OAKS CIR
JACKSONVILLE, FL 32223

SUBJECT: MEDICATION AND HEALTH EXPERTS, LLC
Ref. Number: W14000075331

We have received your document for MEDICATION AND HEALTH EXPERTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 314A00026828

Effective Date 1/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medication and Health Experts, 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:

4252 Summerton Oaks Circle
Jacksonville, FL 32223

Mailing Address:

4252 Summerton Oaks Circle
Jacksonville, FL 32223

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:

Michael J. Schuh *MON*

Name

4252 Summerton Oaks Circle

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

Jacksonville

City

FL 32223

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..

[Signature] *MON*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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15 JAN -5 AM 11:44
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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

Michael J. Schuh *MGR*

Name and Address:

Michael J. Schuh *MGR*
4252 Summerton Oaks Circle
Jacksonville, FL 32223

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: January 1st, 2015 (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.

If physically or mentally unable to perform any company functions, wife of Michael J. Schuh, Mary J. Schuh, or

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.)

Michael J. Schuh *MGR*

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA