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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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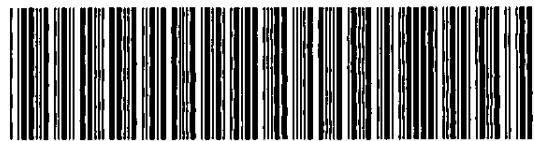
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S. YOUNG

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

March 17, 2015

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

VIA HAND DELIVERY

Re: **Point-Of-Care Ultrasound Solutions, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Point-Of-Care Ultrasound Solutions, 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:

<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$130.00	<input checked="" type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy enclosed)	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:

devinbustinmd@gmail.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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2015

**ARTICLES OF ORGANIZATION
OF
POINT-OF-CARE ULTRASOUND SOLUTIONS, 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:

POINT-OF-CARE ULTRASOUND SOLUTIONS, LLC

**ARTICLE 2.
Address**

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

**422 Ingleside Avenue
Tallahassee, FL 32303**

**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:

**Ausley & McMullen, P. A.
Attention: Mark T. Haney, Esq.
123 South Calhoun Street
Tallahassee, FL 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

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TALLAHASSEE, FLORIDA

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, Florida Statutes.

s/Mark T. Haney, Esq.

AUSLEY & McMULLEN, P. A., Registered Agent
Mark T. Haney, Esq., for the Firm

ARTICLE 4. Management

The Limited Liability Company shall be managed by at least one (1) Manager and is, therefore, a Manager-managed company. The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

Devin Bustin, Manager (MGR)

**422 Ingleside Avenue
Tallahassee, FL 32303**

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 17th day of March, 2015.

In accordance with Section 605.0203(1)(b), F.S., 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.

s/ Devin Bustin

DEVIN BUSTIN

Authorized Representative of Member

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