

L16000127128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

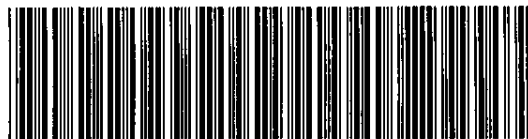
(Business Entity Name)

(Document Number)

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

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FILED  
16 JUL 11 AM 10:21  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

RECEIVED  
16 JUL 11 PM 4:04  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

5/7/12/14

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 209547 8069993

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : July 8, 2016

ORDER TIME : 3:39 PM

ORDER NO. : 209547-005

CUSTOMER NO: 8069993

DOMESTIC FILING

NAME: VALENCIA MEDICAL SUPPLY, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: \_\_\_\_\_

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16 JUL 11 AM 10:21

COVER LETTER

FILED

TO: Registration Section  
Division of Corporations

16 JUL 11 AM 10:21

SUBJECT: Valencia Medical Supply 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:

Gary Schear

Name of Person

Firm/Company

7451 twin falls drive

Address

Boynton Beach FL 33437

City/State and Zip Code

gary\_shear@yahoo.com

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

For further information concerning this matter, please call:

Anisya Staroselsky

347

213-7579

at ( )

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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing 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:

Valencia Medical Supply LLC

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

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLA

ARTICLE II - Address:

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

Principal Office Address:

7451 twin falls drive

Boynton Beach FL 33437

Mailing Address:

7451 twin falls drive

Boynton Beach FL 33437

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee, FL 32301

City

State

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.*

Corporation Service Company

By: M. Zender

Registered Agent's Signature (REQUIRED)

Melissa Zender

Asst. Vice President

(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:**

Gary Shear

7451 twin falls drive

Boynton Beach FL 33437

(Use attachment if necessary)

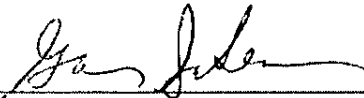
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Gary Shear

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)

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16 JUL 11 AM 10:21  
CLERK OF THE COURT  
JUL 11 2011