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8/1/2016

Gray Robinson
Division of Corporations
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No. 0754 P. 1

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Carrie Ramon, Paralegal PLEASE FAX CONFIRMATION TO 407
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: remckinney2@aol.com

FLORIDA LIMITED LIABILITY CO.
Medical Photonic Systems, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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08-02-16

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Medical Photonic Systems, LLC

ARTICLE II
Address

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

2431 Aloma Avenue
Suite 229
Winter Park, Florida 32792

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

<u>Name</u>	<u>Street Address</u>
Robert McKinney	2431 Aloma Avenue, Suite 229 Winter Park, FL 32792

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ARTICLE V

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Robert McKinney
2431 Aloma Avenue, Suite 229
Winter Park, FL 32792

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.


REGISTERED AGENT'S SIGNATURE

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 in Section 817.155, Florida Statutes.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

ROBERT MCKINNEY, AUTHORIZED REPRESENTATIVE
Type or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)