

216000144408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

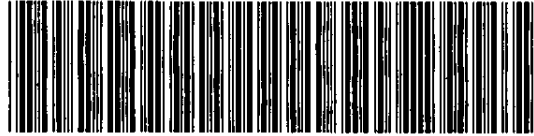
(Business Entity Name)

(Document Number)

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SALVADOR

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2016

LORRAINE SALAMONE  
7601 N. FEDERAL HWY  
STE. 260 B  
BOCA RATON, FL 33487

SUBJECT: POTTER INFUSION CARE CONSULTANTS DBA-PICC LLC  
Ref. Number: W16000035101

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TALLAHASSEE, FLORIDA

We have received your document for POTTER INFUSION CARE CONSULTANTS DBA-PICC 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 316A00010080

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16 JUL 32 AM 10:28  
JUL 12 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Potter Infusion Care Consultants dba PICE 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:

Lorraine Salamone  
Name of Person

~~12640 Lady Fern Circle~~ PICE LLC  
Firm/Company

~~12640 Lady Fern Circle~~ 7601 N. Federal Hwy  
Address Suite 260B

Boca Raton FL 33422 33487  
City/State and Zip Code

lorainesalamone@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Salamone at ( 561 ) 866-0019  
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

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SECTION 607.01, F.S.  
DATE  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PICC 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:

7601 N. Federal Hwy  
Suite 260B  
Boca Raton FL 33487

Mailing Address:

7601 N. Federal Hwy  
Suite 260B  
Boca Raton FL 33487

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:

Gary Germinál  
Name

10303 Oak Meadow Lane  
Florida street address (P.O. Box **NOT** acceptable)

Lake Worth FL 33419  
City State Zip

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

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..

G GERMINÁL  
Registered Agent's Signature (REQUIRED)

(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

AMBR

AMBR

**Name and Address:**

Yvonne Potter Krueger  
210 Captains Walk #754  
Delray Beach FL 33483

Lorraine Salamone  
12640 Lady Fern Circle  
Boca Raton FL 33422

Garry Germaine  
10303 Oakmeadow Lane  
Lake Worth FL 33449

(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:**

Lorraine Salamone

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.

Lorraine Salamone

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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