

L16000194778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

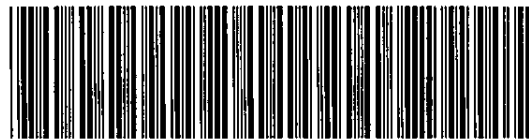
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600291366156

10/20/16--01011--028 \*\*130.00

16 AUG 20 AM 7:23  
FEB 16 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MedPlex 309 L.L.C.  
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:

Andrew Van Gaale

Name of Person

MedPlex 309 L.L.C.

Firm/Company

239 N. Scott Avenue

Address

Sanford, FL 32771

City/State and Zip Code

avangaale@hotmail.com

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

For further information concerning this matter, please call:

Andrew Van Gaale      407      322-4798  
Name of Person      at (      )      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:

MedPlex 309 L.L.C.

(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:

239 N. Scott Avenue  
Sanford, FL 32771

Mailing Address:

239 N. Scott Avenue  
Sanford, FL 32771

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:

Andrew Van Gaale

Name

239 N. Scott Avenue

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

Sanford

FL

32771

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 AUG 20 AM 7:25  
2016

