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ŤO:	Registration Section Division of Corporations	·	***·
SUBJE	MedPlex 309 L.L.C.		
30_0	· · · · · · · · · · · · · · · · · · ·	f Limited Liabili	ty Company
The encl	losed Articles of Organization and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning thi	s matter to the fe	ollowing:
	Andrew Van Gaale		
		Name of	Person
	MedPlex 309 L.L.C.		
		Firm/Co	прапу
	239 N. Scott Avenue		
		Addre	ess
	Sanford, FL 32771		
	avangaale@hotmail.com	City/State and	I Zip Code
	E-mail address: (to be a	used for future a	nnual report notification)
For furthe	r information concerning this matter, p	lease call:	
	Andrew Van Gaale	407	322-4798
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:		
\$125.00	Filing Fee Status Status	Certifie	So Filing Fee & S160.00 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 Fallahassee, 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 w	ith the words "Limited	Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	tress of the principal o	office of the L	imited Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
239 N. Scott Avenue			239 N. Scott Avenue
Sanford, FL 32771			Sanford, FL 32771
	Andrew Van Gaale	Name	
	Florida street addres		IOT acceptable)
	Sanford	FL	32771
	City	State	Zip
lace designated in this certificate, I irther agree to comply with the prov	hereby accept the app visions of all statutes r gations of my position	ointment as re elating to the p as registered of	for the above stated limited liability company at the egistered agent and agree to act in this capacity. It proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)
	J	(CONTINU	

Page 1 of 2

<u> </u>	Name and Address:
'MGR" = Manager	
<u>AMBR</u>	Andrew Van Gaale
	239 N. Scott Avenue
	Sanford, FL 32771
AMBR	Deborah Van Gaale
Z KIVILIZIX	239 N. Scott Avenue
	Sanford, FL 32771
ctive date is listed, the date must be a filing.)	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
EV: Effective date, if other than the date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90 of the most three applicable statutory filing requirements, this date will not be specificable.
EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not int of State's records. May Aude nember or an authorized representative of a member.
EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a sig	t meet the applicable statutory filing requirements, this date will not not of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a sig	t meet the applicable statutory filing requirements, this date will not int of State's records. The state of State of a member or an authorized representative of a member. State of a member or an authorized representative of a member. State of a member or an authorized representative of a member or an authorized representative of a member. State of a member of State of the state
EV: Effective date, if other than the date ctive date is listed, the date must be a filing.) The date inserted in this block does not nent's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exell am aware that any faconstitutes a third degree of the constitutes a third degree of the constitutes at the	t meet the applicable statutory filing requirements, this date will not int of State's records. May Law Legisland Common Properties of a member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Itse information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

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