

L16000213226

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

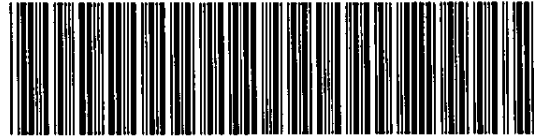
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16 NOV 23 PM 3:05
STATE OF FLORIDA
TALLAHASSEE

11/23/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medically Inclined Summaries 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:

Karol Techtom

Name of Person

Medically Inclined Summaries

Firm/Company

111 SW Lincoln Circle N

Address

St. Petersburg, Florida, 33703

City/State and Zip Code

karoltechtom@yahoo.com

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

For further information concerning this matter, please call:

_____ 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2016

Techton
KAROL ~~TECHTOM~~
111 SW LINCOLN CIRCLE N
ST PETERSBURG, FL 33703

SUBJECT: MEDICALLY INCLINED SUMMARIES
Ref. Number: W16000076100

16 NOV 23 PM 12:41
TECHTOM
16 NOV 23 PM 12:41

We have received your document for MEDICALLY INCLINED SUMMARIES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 816A00024124

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medically Inclined Summaries LLC (ICT)
(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:

111 SW Lincoln Circle North,
St. Petersburg, Florida 33703

Mailing Address:

111 SW Lincoln Circle N
St. Petersburg Florida 33703

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:

Karol L. Techton
Name
111 SW Lincoln Circle N
Florida street address (P.O. Box **NOT** acceptable)

<u>St. Petersburg</u>	<u>Florida</u>	<u>33703</u>
City	State	Zip

16 NOV 23 PM 3:05
SECRETARY OF STATE
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.

Karol L. Techton

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

MGR

Name and Address:

Karol L. Tecton

111 SW Lincoln Circle N.

St. Petersburg, Florida 33703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1 2017 (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:

Karol L. Tecton

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.

Karol L. Tecton

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)

16 NOV 23 PM 3:05
TALLAHASSEE FLORIDA