

L17000032716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

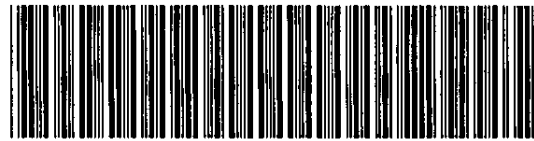
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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D O'KEEFE  
FEB 14 2017

FILED  
17 FEB -7 PM 4:16  
TALLAHASSEE, FLORIDA

W17-6029

D O'KEEFE  
JAN 23 2017

L17000032716

February 6, 2017

Daniel L. O'Keefe  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ref Number: W17000006029

Daniel,

I do not wish to reinstate Alpha & Omega Medical, LLC under document number L16000000369. Please see the attached rejection letter for new filing as reference.

Thank you,



Brett West  
Member

17 FEB -7 10:17:04

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17 FEB -7 PM 4:16  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2017

BRETT WEST  
ALPHA & OMEGA MEDICAL, LLC  
5335 98TH AVE. E.  
PARRISH, FL 34219

SUBJECT: ALPHA & OMEGA MEDICAL, LLC  
Ref. Number: W17000006029

We have received your document for ALPHA & OMEGA MEDICAL, LLC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 017A00001373

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHA & OMEGA MEDICAL, 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:

BRETT WEST

Name of Person

ALPHA & OMEGA MEDICAL, LLC

Firm/Company

5335 98TH AVE. E.

Address

PARRISH, FL 34219

City/State and Zip Code

BRETT.AO@GMAIL.COM

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

For further information concerning this matter, please call:

BRETT WEST

813

244-5153

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA & OMEGA MEDICAL, 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:

Mailing Address:

5335 98TH AVE. E.

PARRISH, FL 34219

5335 98TH AVE. E.

PARRISH, FL 34219

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:

BRETT WEST

Name

5335 98TH AVE. E.

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

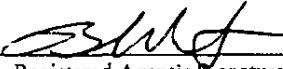
PARRISH, FL 34219

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)

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17 FEB -7 PM 4:17  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MBR

**Name and Address:**

TRAVIS IRWIN

5335 98TH AVE. E.

PARRISH, FL 34219

MBR

BRETT WEST

5335 98TH AVE. E.

PARRISH, FL 34219

MBR

OP MED LLC

5335 98TH AVE. E.

PARRISH, FL 34219

(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:**

  
\_\_\_\_\_  
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.

BRETT WEST

Typed or printed name of signer

**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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TALLAHASSEE, FLORIDA