

L17000046146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

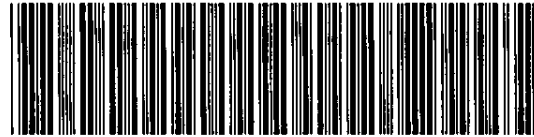
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/02/17

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Around The Way Non-Emergency Medical Transportation  
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:

Katrina Bing  
Name of Person

Around The Way LLC  
NEN = Emergency medical Transportation Firm/Company

5121 22nd St. Ct. East  
Address

Bradenton, FL 34208  
City/State and Zip Code

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

For further information concerning this matter, please call:

Katrina Bing at 941 545-4924  
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:

Around The Way

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Non-Emergency Medical Transportation, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5121 22nd St. Ct. East  
Bradenton, FL 34203

Mailing Address:

1831 13th Ave East  
Apt. 1002  
Bradenton, FL 34208

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:

Katrina Bing

Name

5121 22nd St. East

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

Bradenton FL 34203

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..

Katrina Bing

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

**Name and Address:**

<u>Katrina Bing</u>	<u>Katrina Bing</u>
<u>CEO</u>	<u>CEO/President</u>
<u><del>1824 19th Ave East</del></u>	<u><del>1824 19th Ave East</del></u>
<u><del>Bradenton, FL 34205</del></u>	<u><del>Bradenton, FL 34205</del></u>
<u><del>5121 22nd St. Ct. East</del></u>	<u>5121 22nd St. Ct. East</u>
<u><del>Bradenton, FL 34205</del></u>	<u>Bradenton, FL 34205</u>
<u><del>5121 22nd St. Ct. East</del></u>	
<u><del>Bradenton, FL 34205</del></u>	

(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:**

Katrina Bing  
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.  
Katrina Bing  
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