

L190000035866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

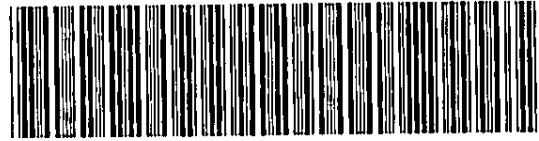
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19 FEB 12 PM 7:51
ORLANDO

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AXEO MEDICAL TECHNOLOGIES, 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:

ILHAN M. BILGUTAY
Name of Person

Firm/Company

515 Martin Luther King Jr. Avenue South
Address

Clearwater, FL 33756
City/State and Zip Code

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

For further information concerning this matter, please call:

Ilhan Bilgutay at (727) 442-0010
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)

*already paid
see letter.*

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

December 26, 2018 *should be*

→ Y
ILHAN BILGUTAN
515 MLK JR AVE SO
CLEARWATER, FL 33756

SUBJECT: AXEO MEDICAL TECHNOLOGIES LLC
Ref. Number: W18000109861

We have received your document for AXEO MEDICAL TECHNOLOGIES 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 enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 318A00026311

IVED

11/23/18

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AXEO MEDICAL TECHNOLOGIES, LLC

(Must contain 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:

515 Martin Luther King Jr. Avenue South
Clearwater, FL 33756

515 MLK Jr. Ave. South
Clearwater, FL 33756

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:

Ilhan Bilgutay
Name

515 Martin Luther King Avenue South

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

Clearwater, FL 33756

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.

Ilhan Bilgutay
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF 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

MGR and AMBR

Name and Address:

ILHAN BILGUTAY

(Use attachment if necessary)

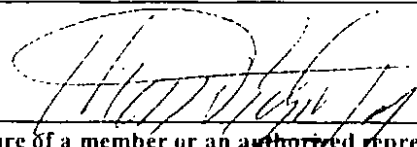
ARTICLE V: Effective date, if other than the date of filing: 12/18/2018 (OPTIONAL)

(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.

Ilhan Bilgutay

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)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA