

L19000162112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

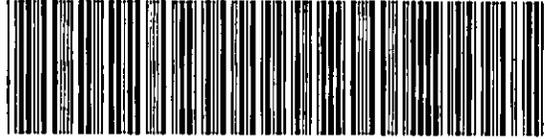
(Business Entity Name)

(Document Number)

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19 JUL -2 AM 6:45

D O'KEEFE  
JUL -2 2019

W19-48664



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2019

ESTEBAN OLIVERA  
154 VERDE WAY  
DEBARY, FL 32713

SUBJECT: MEDI/PRO/COMP., LLC  
Ref. Number: W19000048664

We have received your document for MEDI/PRO/COMP., 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 complete document was not received.

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: 419A00010069



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDI/PRO/COMP., 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:

154 VERDE WAY  
DEBARY, FL 32713

154 VERDE WAY  
DEBARY, FL 32713

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.)

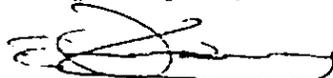
The name and the Florida street address of the registered agent are:

ESTEBAN OLIVERA  
Name

154 VERDE WAY  
Florida street address (P.O. Box NOT acceptable)

DEBARY                      FL                      32713  
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)

FILED  
19 JUL -2 AM 6:45  
TALLAHASSEE, FLORIDA

