

L200000093957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

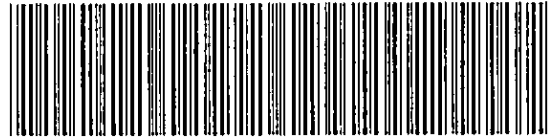
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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04/02/20--01001--003 **125.00

RECEIVED
TALLAHASSEE, FLORIDA

2020 APR - 1 PM 1:43

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 APR - 1 AM 9:12

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IN C

APR 2

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ACE MEDICAL SUPPLY LLC

Signature _____

Requested by: Seth

03/31/20

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACE MEDICAL SUPPLY 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:

JASON Schnuer
Name of Person

ACE MEDICAL SUPPLY LLC
Firm/Company

1171 HASON Bay Blvd, Apt 4223
Address

COFAL SPRINGS, FL, 33076
City/State and Zip Code

acemedicalsupplyllc2020@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON Schnuer at (954) 918 2928
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 APR -1 AM 9:12

ACE MEDICAL SUPPLY LLC SECRETARY OF STATE
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.") TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11171 Heson Bay Blvd, Apt
4223, Coral Springs, FL
33076

11171 Heson Bay Blvd, Apt
4223, Coral Springs, FL
33076

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:

Jason Schnuer
Name

11171 Heson Bay Blvd, Apt 4223
Florida street address (P.O. Box **NOT** acceptable)
Coral Springs FL 33076
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..

[Signature]
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

AMBR

Name and Address:

Jason Schnuer

11171 Herson Bay Blvd, Apt 4223,
Long Springs, FL, 33076

SECRETARY OF STATE
TALLAHASSEE, FL

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(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:

Jason Schnuer

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.

Jason Schnuer

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)