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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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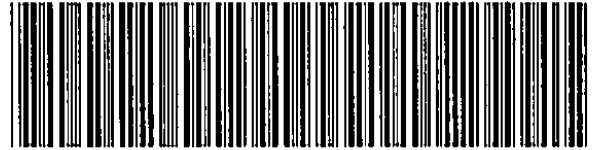
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DYNAMIC MEDICAL DISTRIBUTORS 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:

RONALD Lee RIEWOLD
Name of Person

DYNAMIC MEDICAL DISTRIBUTORS LLC
Firm/Company

9794 INNISFILL ST.
Address

PALM HARBOR, FL. 34683
City/State and Zip Code

RON RIEWOLD 1 @ GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON RIEWOLD at (407) 808-2189
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

ARTICLE I - Name:

DYNAMIC MEDICAL DISTRIBUTORS LLC.
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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

ARTICLE 11 - Address:

Principal Office Address:

4794 JUNSEIL ST
PALM HARBOR, FL.
34683

Mailing Address:

4794 TARP'S FILL ST.
PALM HARBOR, FL 34683

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:

Address of the registered agent are:

RONALD LEE RIEWOLD
Name

Name _____

4794 INNISEIL ST.

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

PALM HARBOR FL. 34683
City State Zip

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.

Kendall Z. Keenel

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AM BR

MGR

Name and Address:

RONALD LEE RICHARD
4794 INNISFILL ST.
PALM HARBOR, FL. 34683

RONALD LEE RICHARD
4794 INNISFILL ST.
PALM HARBOR, FL. 34683

(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: the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Ronald L. Richard

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.

RONALD LEE RICHARD

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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