

L200000237866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

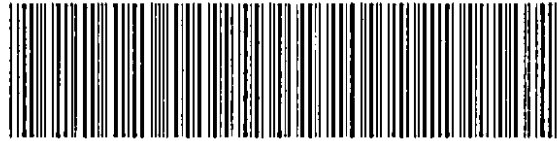
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W20-90412

Office Use Only



700349817727

08/14/20--01002--003 \*\*130.00

RECEIVED

2020 AUG 14 AM 10:34

RECEIVED

2020 AUG 17 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

17 2020

17 2020



**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** MENNA MEDICAL TRANSPORTATION 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:

YARED BALLO  
\_\_\_\_\_

Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 6033  
\_\_\_\_\_

Address

TALLAHASSEE, FL 32314  
\_\_\_\_\_

City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YARED BALLO  
\_\_\_\_\_

850

251-4434  
\_\_\_\_\_

at ( )

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





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2020

YARED BALLO  
P.O. BOX 6033  
TALLAHASSEE, FL 32314

SUBJECT: MENNA MEDICAL TRANSPORTATION LLC  
Ref. Number: W20000090412

We have received your document for MENNA MEDICAL TRANSPORTATION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

KYLE D BRUMBLEY  
Regulatory Specialist II

Letter Number: 620A00015580



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 AUG 17 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

MENNA MEDICAL TRANSPORTATION 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:

2307 Trimble Rd  
PO BOX 6033  
TALLAHASSEE, FL ~~32314~~ 32303

PO BOX 6033  
TALLAHASSEE, FL 32314

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:

YARED BALLO  
Name

2307 TRIMBLE RD  
Florida street address (P.O. Box **NOT** acceptable)

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32303</u>
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)



**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:**

MGR

ABONESH GEBREGIORGIS  
PO BOX 6033  
TALLAHASSEE, FL 32314

MGR

YARED BALLO  
PO BOX 6033  
TALLAHASSEE, FL 32314

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG 17 PM 1:29

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

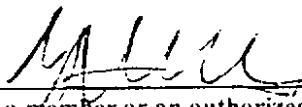
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

YARED BALLO

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)