## La1000134514

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	

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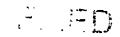
## CAPITAL CONNECTION, INC.

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

Desired Medical Solutions, LLC	
	<del></del>
	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
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 03/31/21	UCC 1 or 3 File
Name Date Tim	
Walle I.	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## COVER LETTER

	New Filing Se Division of Co				
SUBJEC		Medical Solutions, LL	.c		
		Nume	of Limited Liabi	lity Company	
The encid	osed Articles o	f Organization and fe	e(s) are submitte	d for filing.	
Please ret	turn all corresp	ondence concerning	this matter to the	following:	
	Jodi M. Rul	berg			
		<del></del>	Name o	f Person	
	Blalock Wa	ilters, P.A.			
		· · · · · · · · · · · · · · · · · · ·	Firm/Co	ompany	<del></del>
	802 11th St	reet West			
	-		Addı	ess	
	Bradenton,	Florida 34205			
	EPennington	@blalockwalters.com	City/State an	d Zip Code	
		<del></del>	<del></del> -	nnual report notificat	ion)
For further	information co	ncerning this matter,	please call:		
	Jodi M. Rub	•	941 at (	748-0100	
	Nam	ne of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amount:			
≣\$125.00	) Filing Fee	□\$130.00 Filing For Certificate of State	us Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assce, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAR 31 AH 10: 39 SF STATE BEE, FL

ARTICLE I - Name: The name of the Limited Liability Company is:	SEORETA (1 TALLAhas
The name of the Emitted Disputty Company is.	Critical Auritor
Desired Medical Solutions, LLC	
(Must contain the words "Linuted Liabi	lity 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:
10378 Winnipeg St	10378 Winnipeg St
Port Charlotte, FL 33981	Port Charlotte, FL 33981
	<del></del>
ARTICLE III - Registered Agent, Registered Office, & Ro	egistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regi	stered Agent. You must designate an individual or
another business entity with an active Florida registration.)	
militario especialista de la consectiono de la consectione della c	- A

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

Blalock Walters, P.A	١.	
	Name	
802 11th Street Wes	t	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Bradenton	Florida	34205
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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" # Manager	
MGR	Edward Salib, D.O. 10378 Winnipeg St Port Charlotte, FL 33981
	in sa
	:100 C
	TATE OF
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
This document is execut I am aware that any false	mber or an authorized representative of a member. led in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State : felony a provided for in s.817.155, F.S.
Jodi M. Ruberg,	Authorized Representative Typed or printed name of signee

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-