

L21 000380639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

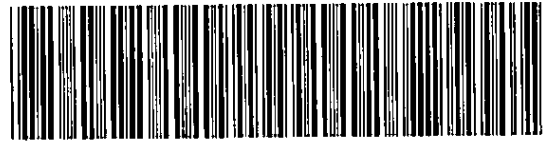
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2021

JEFFREY WINTERS
3945 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

SUBJECT: ADVANCED MEDICARE, LLC
Ref. Number: W21000085840

We have received your document for ADVANCED MEDICARE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING MEMBER NAME,

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.

Shareta Backey
Regulatory Specialist II

Letter Number: 521A00013059

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED MEDICARE, LLC

ARTICLE II - Address:

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

Principal Office Address: 3945 Floramar Terrace, New Port Richey, FL 34652

Mailing Address: 3945 Floramar Terrace, New Port Richey, FL 34652

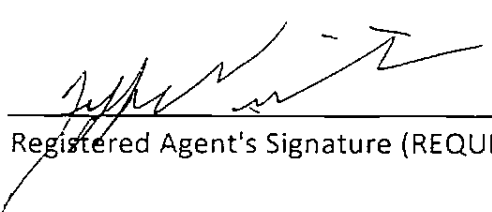
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JEFFREY WINTERS

3945 Floramar Terrace, New Port Richey, FL 34652

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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)

ARTICLE IV-

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

Name and Address:

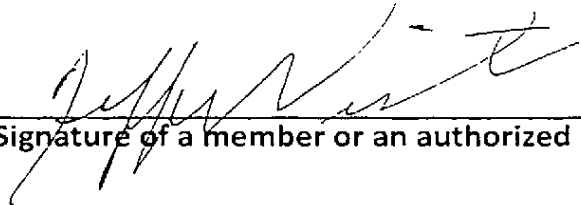
"AMBR" = Authorized Member "MGR" = Manager

AMBR and MGR	JEFFREY WINTERS, 3945 Floramar Terrace, New Port Richey, FL 34652
AMBR and MGR	GABRIEL BARBER, 3945 Floramar Terrace, New Port Richey, FL 34652

ARTICLE V: Effective date: date of filing


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.



JEFFREY WINTERS

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