

L21000533915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

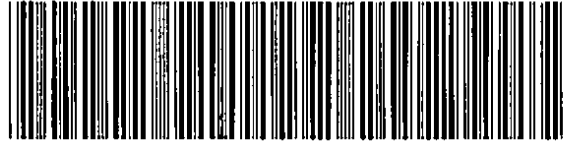
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 12/28/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 985715

ORDER ENTITY
MEDCAP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MEDCAP LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION
OF
MedCap LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I
Name**

The name of the limited liability company (the "**Company**") is:

MedCap LLC

**ARTICLE II
Address**

The street address of the principal office of the Company is:

3450 Northlake Boulevard
North Palm Beach, FL 33408

**ARTICLE III
Mailing Address**

The mailing address of the Company is:

3450 Northlake Boulevard
North Palm Beach, FL 33408

**ARTICLE IIIV
Duration**

The period of duration of the Company shall be perpetual.

**ARTICLE V
Registered Office and Agent and Address**

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

Donn Sanders
3450 Northlake Boulevard
North Palm Beach, FL 33408

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VI
Management

The Company shall be managed by one or more managers and is, therefore, a manager-managed company within the meaning of Section 605.0407, Florida Statutes. The rights, duties and obligations of the managers and the members of the Company shall be as set forth in the operating agreement of the Company. The name and address of the initial manager is:

Donn Sanders
3450 Northlake Boulevard
North Palm Beach, FL 33480

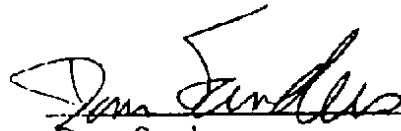
IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 28 day of December, 2021.

By: 
Donn Sanders

REGISTERED AGENT'S ACCEPTANCE

Having been named as registered agent and to accept service of process for MedCap LLC, a limited liability company, at the place designated in these Articles, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605.0213, F.S.

Dated: December 28, 2021.


Donn Sanders