

L99000002451

00789-02545- Article IV
00824-00071
clarity if mcdormer

April 12, 1999

W99-9103

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-04/14/99-01074-007
****285.00 ****285.00

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sirs:

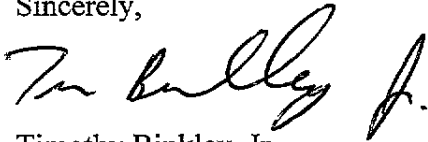
Enclosed please find an application for articles of organization for CompleMed L.L.C. A check for \$285 is attached for the following:

- Filing fee for the articles of organization and affidavit
- Designation of Registered Agent

Name: Timothy Binkley, Jr.
Address: 10450 NW 3rd St.
Plantation, FL 33324
Daytime #: (561) 776-7159, ext. 4018

If you need additional information, you may reach me at the phone number indicated above. Thank you.

Sincerely,



Timothy Binkley, Jr.

Name
Availability
Document Examiner
Updater
Updater Verifier
Acknowledgement
vv. P. Verifier

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 29 AM 9:12



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 16, 1999

TIMOTHY BINKLEY, JR.
10450 NW 3RD ST.
PLANTATION, FL 33324

SUBJECT: COMPLEMED L.L.C.
Ref. Number: W99000009163

We have received your document for COMPLEMED L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

It is unclear, in ARTICLE IV, whether the Company will be managed by MANAGERS or MANAGING MEMBERS. Please list the names and addresses under the correct statement ONLY.,

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 799A00019694

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Complimed Innovations, L.L.C.

ARTICLE II - Address:

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

10450 NW 3rd Street
Plantation, FL 33324

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Rob Porcaro
815 Summit Blvd
W. Palm Beach, FL 33405

Tim Binkley Jr.
10450 NW 3rd St.
Plantation, FL 33324

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Mutual agreement by Tim Binkley Jr
and Rob Porcaro.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 29 AM 9:12

ARTICLE VI - Members. Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

full authority to conduct all business transactions.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of ComplEmed ~~LLC~~
Innovations, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000 .

Tim Binkley Jr.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tim Binkley Jr.

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: ComplEMed ~~LLC~~
Innovations, L.L.C.

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

Tim Binkley Jr
NAME

10450 NW 3rd St
Florida street address (P. O. Box NOT ACCEPTABLE)

Plantation FL 33324
CITY, STATE AND 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.

Tim Binkley Jr.
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent