

U250000038249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

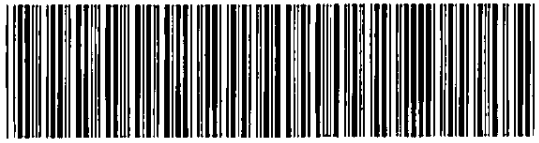
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700441816527

02/03/25--01001--011 180.00

RECEIVED
2025 JAN 31 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2025 JAN 31 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Regen-X Wound Care, PLLC
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:

Dr. Catherine Divingian

Name of Person

Firm/Company

1834-A Jaclif Ct.

Address

Tallahassee, FL 32308

City/State and Zip Code

support@regenxwoundcare.com

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

For further information concerning this matter, please call:

Catherine Divingian

757

754-0712

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Regen-X Wound Care PLLC

(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:

1834-A Jaclif Ct.

Tallahassee, FL 32308

1834-A Jaclif Ct.

Tallahassee, FL 32308

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:

Catherine Divingian

Name

1834-A Jaclif Ct.

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

Tallahassee

FL

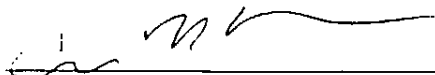
32308

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)

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

Name and Address:

"MGR" = Manager

Catherine Divingian

1834-A Jaclif Ct.

Tallahassee, FL 32308

Darius Divvingan

1834-A Jaclif Ct.

Tallahassee, Fl. 32308

1. 2
 2. 3
 3. 4
 4. 5
 5. 6
 6. 7
 7. 8
 8. 9
 9. 10
 10. 11
 11. 12
 12. 13
 13. 14
 14. 15
 15. 16
 16. 17
 17. 18
 18. 19
 19. 20
 20. 21
 21. 22
 22. 23
 23. 24
 24. 25
 25. 26
 26. 27
 27. 28
 28. 29
 29. 30
 30. 31
 31. 32
 32. 33
 33. 34
 34. 35
 35. 36
 36. 37
 37. 38
 38. 39
 39. 40
 40. 41
 41. 42
 42. 43
 43. 44
 44. 45
 45. 46
 46. 47
 47. 48
 48. 49
 49. 50
 50. 51
 51. 52
 52. 53
 53. 54
 54. 55
 55. 56
 56. 57
 57. 58
 58. 59
 59. 60
 60. 61
 61. 62
 62. 63
 63. 64
 64. 65
 65. 66
 66. 67
 67. 68
 68. 69
 69. 70
 70. 71
 71. 72
 72. 73
 73. 74
 74. 75
 75. 76
 76. 77
 77. 78
 78. 79
 79. 80
 80. 81
 81. 82
 82. 83
 83. 84
 84. 85
 85. 86
 86. 87
 87. 88
 88. 89
 89. 90
 90. 91
 91. 92
 92. 93
 93. 94
 94. 95
 95. 96
 96. 97
 97. 98
 98. 99
 99. 100
 100. 101
 101. 102
 102. 103
 103. 104
 104. 105
 105. 106
 106. 107
 107. 108
 108. 109
 109. 110
 110. 111
 111. 112
 112. 113
 113. 114
 114. 115
 115. 116
 116. 117
 117. 118
 118. 119
 119. 120
 120. 121
 121. 122
 122. 123
 123. 124
 124. 125
 125. 126
 126. 127
 127. 128
 128. 129
 129. 130
 130. 131
 131. 132
 132. 133
 133. 134
 134. 135
 135. 136
 136. 137
 137. 138
 138. 139
 139. 140
 140. 141
 141. 142
 142. 143
 143. 144
 144. 145
 145. 146
 146. 147
 147. 148
 148. 149
 149. 150
 150. 151
 151. 152
 152. 153
 153. 154
 154. 155
 155. 156
 156. 157
 157. 158
 158. 159
 159. 160
 160. 161
 161. 162
 162. 163
 163. 164
 164. 165
 165. 166
 166. 167
 167. 168
 168. 169
 169. 170
 170. 171
 171. 172
 172. 173
 173. 174
 174. 175
 175. 176
 176. 177
 177. 178
 178. 179
 179. 180
 180. 181
 181. 182
 182. 183
 183. 184
 184. 185
 185. 186
 186. 187
 187. 188
 188. 189
 189. 190
 190. 191
 191. 192
 192. 193
 193. 194
 194. 195
 195. 196
 196. 197
 197. 198
 198. 199
 199. 200
 200. 201
 201. 202
 202. 203
 203. 204
 204. 205
 205. 206
 206. 207
 207. 208
 208. 209
 209. 210
 210. 211
 211. 212
 212. 213
 213. 214
 214. 215
 215. 216
 216. 217
 217. 218
 218. 219
 219. 220
 220. 221
 221. 222
 222. 223
 223. 224
 224. 225
 225. 226
 226. 227
 227. 228
 228. 229
 229. 230
 230. 231
 231. 232
 232. 233
 233. 234
 234. 235
 235. 236
 236. 237
 237. 238
 238. 239
 239. 240
 240. 241
 241. 242
 242. 243
 243. 244
 244. 245
 245. 246
 246. 247
 247. 248
 248. 249
 249. 250
 250. 251
 251. 252
 252. 253
 253. 254
 254. 255
 255. 256
 256. 257
 257. 258
 258. 259
 259. 260
 260. 261
 261. 262
 262. 263
 263. 264
 264. 265
 265. 266
 266. 267
 267. 268
 268. 269
 269. 270
 270. 271
 271. 272
 272. 273
 273. 274
 274. 275
 275. 276
 276. 277
 277. 278
 278. 279
 279. 280
 280. 281
 281. 282
 282. 283
 283. 284
 284. 285
 285. 286
 286. 287
 287. 288
 288. 289
 289. 290
 290. 291
 291. 292
 292. 293
 293. 294
 294. 295
 295. 296
 296. 297
 297. 298
 298. 299
 299. 300
 300. 301
 301. 302
 302. 303
 303. 304
 304. 305
 305. 306
 306. 307
 307. 308
 308. 309
 309. 310
 310. 311
 311. 312
 312. 313
 313. 314
 314. 315
 315. 316
 316. 317
 317. 318
 318. 319
 319. 320
 320. 321
 321. 322
 322. 323
 323. 324
 324. 325
 325. 326
 326. 327
 327. 328
 328. 329
 329. 330
 330. 331
 331. 332
 33

(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.)

ARTICLE VI: Other provisions, if any.

MEDICAL PRACTICE

7 m 1

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.

Catherine Divingian

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)