

L12000038732 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

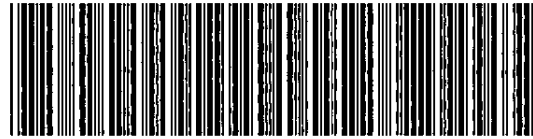
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/19/12--01012--025 **125.00

EFFECTIVE DATE 03-14-12

FILED
12 MAR 19 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 20 2012

EXAMINER

SUBJECT: SOUTHERNTELEMED, LLC
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:

PURUSHOTTAM K. GARG
Name of Person

SOUTHERNTELEMED
Firm/Company

5553 HWY 90
Address

PACE, FL 32571
City/State and Zip Code

pkgarg@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PURUSHOTTAM K. GARG at (850) 995-8811
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERNTELEMED, LLC

(Must end with 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:

5553 HWY 90
PACE, FL 32571

5553 HWY 90
PACE, FL

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:

PURUSHOTTAM K. GARG
Name

5553 HWY 90
Florida street address (P.O. Box **NOT** acceptable)

PACE, FL 32571
City, State, and Zip

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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 608, F.S.

P. K. Garg
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

PURUSHOTTAM K GARG

5553 HWY 90

PACE, FL 32571

MGRM

ANJU GARG

5553 HWY 90

PACE, FL 32571

MGRM

SAUMYA K. GARG

5553 HWY 90

PACE, FL 32571

MGRM

NUPUR GARG

5553 HWY 90

PACE, FL 32571

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/14/2012. (OPTIONAL)
(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.)

REQUIRED SIGNATURE:

P K GARG
Signature of a member or an authorized representative of a member.

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

PURUSHOTTAM K. GARG

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

NEHA GARG

5553 HWY 90

PACE, FL 32571

MGRM

PRIYA GARG

5553 HWY 90

PACE, FL 32571

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:

P - K. GARG

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

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

PURUSHOTTAM K. GARG

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