

L23000553091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

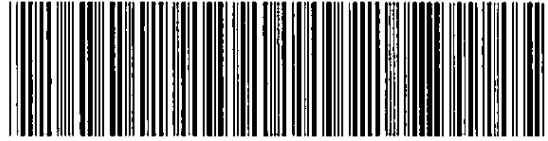
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2023 DEC 15 PM 5:45

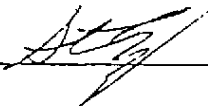
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Kissimmee GI Associates, PLLC

Please Debit FCA000000003 For: 160

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- Cert. Copy _____
- _____ Photo Copy _____
- Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT: Kissimmee GI Associates, 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:

Lance O. Leider, Esquire
Name of Person

The Health Law Firm, P.A.
Firm/Company

1101 Douglas Avenue, Suite 1000
Address

Altamonte Springs, Florida 32714
City/State and Zip Code

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

For further information concerning this matter, please call:

Lance O. Leider 407 331-6620
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:

Kissimmee GI Associates, 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:

715 Oak Commons Boulevard
Kissimmee, Florida 34741

Mailing Address:

715 Oak Commons Boulevard
Kissimmee, Florida 34741

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:

Avanish Aggarwal, M.D.

Name

715 Oak Commons Boulevard

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

Kissimmee Florida 34741

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.

Avanish Aggarwal, M.D.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

Avanish Aggarwal, M.D.
715 Oak Commons Boulevard
Kissimmee, Florida 34741

MGR/AMBR

Sudhir Bhaskar, M.D.
715 Oak Commons Boulevard
Kissimmee, Florida 34741

MGR/AMBR

Steven Brint, M.D.
715 Oak Commons Boulevard
Kissimmee, Florida 34741

MGR/AMBR

Richard Dumois, M.D.
715 Oak Commons Boulevard
Kissimmee, Florida 34741

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 13, 2023 (OPTIONAL)

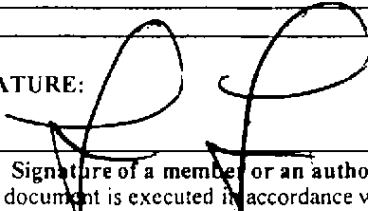
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

A florida professional limited liability company composed of a group of licensed medical professionals to engage in any lawful business.

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.

Lance O. Leider, Esquire

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)

2023

FLS:LS

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>MGR/AMBR</u>	<u>Kenneth Feuer, M.D.</u> <u>715 Oak Commons Boulevard</u> <u>Kissimmee, Florida 34741</u>
<u>MGR/AMBR</u>	<u>Deepinder Goval, M.D.</u> <u>715 Oak Commons Boulevard</u> <u>Kissimmee, Florida 34741</u>
<u>MGR/AMBR</u>	<u>Asif Mohiuddin, M.D.</u> <u>715 Oak Commons Boulevard</u> <u>Kissimmee, Florida 34741</u>
<u>MGR/AMBR</u>	<u>Glen Vanderzalm, M.D.</u> <u>715 Oak Commons Boulevard</u> <u>Kissimmee, Florida 34741</u>

(Use attachment if necessary)

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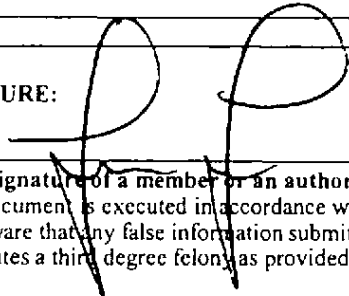
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