

LO900044931

(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



700155586317

05/08/09--01014--018 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY -8 AM 11:55

FILED

M. THOMAS

MAY - 8 2009

EXAMINER

W. E. Bishop, Jr., P.A.

ATTORNEY AT LAW

GERRI FIELD
LEGAL ASSISTANT

352 / 237-9225
FAX 352 / 861-2851

7743 S.W. S.R. 200
OCALA, FLORIDA 34476

May 6, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

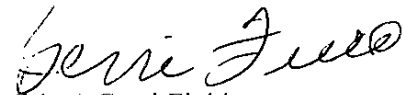
Re: 802 Of Ocala, LLC
Articles of Organization

To Whom It May Concern:

Enclosed please find Articles of Organization for the above referenced company along with a money order in the amount of \$160.00 for the filing fee, Certificate of Status and Certified Copy. Please expedite this filing and fax a copy to our office.

If you have any questions do not hesitate to call.

Sincerely,



(Mrs.) Gerri Field
Legal Assistant

Gl/sz

enclosures

FILED
2009 MAY -8 AM 11:15
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 802 Of Ocala, 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:

W.E. Bishop, Jr.

Name of Person

W.E. Bishop, Jr., P.A.

Firm/Company

7743 SW SR 200

Address

Ocala, FL 34476

City/State and Zip Code

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

For further information concerning this matter, please call:

W.E. Bishop, Jr.

Name of Person

at (352)

237-9225

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

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

2009 MAY -8 AM 11:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

802 Of Ocala, 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:

1805 SE 16th Avenue, Unit 802
Ocala, FL 34474

1805 SE 16th Avenue, Unit 802
Ocala, FL 34474

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:

Sushil Puskur, M.D.

Name

1706 SE 33rd Street

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

Ocala 34471 FL

City, State, and Zip

2009 MAY -8 AM 11:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Sushil Puskur

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:

MGRM

Sushil Puskur, M.D.

1706 SE 33rd Street

Ocala, FL 34471

(Use attachment if necessary)

FILED
2009 MAY -8 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: 5/7/09 (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:

Sushil Puskur

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.)

Sushil Puskur

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)