

L190002252609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

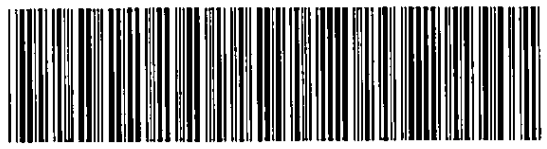
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/19/19--01034--012 **125.00

19 SEP 12 AM 7:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2019 SEP 12 AM 10:50

August 26, 2019

TANWEER MEMON M.D., P.A.
2852 TAMiami TRAIL, UNIT 5
PORT CHARLOTTE, FL 33952 US

SUBJECT: PARK LLC
Ref. Number: W19000078699

2019 SEP 12 AM 7:55

We have received your document for PARK LLC and your check(s) totaling \$125.00. 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.

One or more major words may be added to make the name distinguishable.

Conflicting document number: L05000071038

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) 245-6052.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 619A00017587

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MANOD Park LLC
Name of Limited Liability Company

19 SEP 12 AM 7:53

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanweer Memon M.D., P.A.
Name of Person

MANOD Park LLC
Firm/Company

2852 Tamiami Trail, Unit 5
Address

Port Charlotte, FL 33952
City/State and Zip Code

tmemon@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Memon at (941) 625-9494
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 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:

M AND D Park LLC

(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:

Tanweer A. Memon
2852 Tamiami Trail, Unit 5
Port Charlotte, FL 33952

same

16 SEP 12 AM 7:59

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:

Tanweer A. Memon

Name

2852 Tamiami Trail, Unit 5

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

Port Charlotte, FL 33952

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Tanweer Memon M.D., P.A.
2852 Tamiami Trail Unit 5
Port Charlotte, FL 33952

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2852 Tamiami Trail, Ste. 4
Port Charlotte, FL 33952

FILED
10 SEP 12 AM 7:58

(Use attachment if necessary)

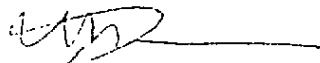
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

TANWEER MEMON

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)