

L000000000931

N. R. Karye, m.d., P.A.

Requester's Name

1648 S.E. 3rd Avenue

Address

Ocala, FL 34471-4469

City/State/Zip

Phone #

500003106385--7

-01/21/00--01070--014

\*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

**OTHER FILINGS**

Name

Availability

Document

Examiner

Updater

☐ Annual Report

Up later

☐ Fictitious Name

verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC

00 JAN 21 PM 12:19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Examiner's Initials

L000000000931

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KARVE LLC.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2091, S.W. 55<sup>th</sup> Street Road,  
OCALA, FL, 34474

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

N. R. KARVE  
Name  
2091 S.W. 55<sup>th</sup> Street Road,  
Florida street address (P.O. Box **NOT** acceptable)  
OCALA, FL 34474  
City, State, and Zip

00 JAN 21 PM 12:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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.*

N. R. Karve

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

member managed co.

(An additional article must be added if an effective date is requested)

N. R. Karve

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.)

N. R. KARVE

Typed or printed name of signee

## FILING FEES:

- ✓ \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)