

L010000008978

Cover Letter.

From:

Malek Hanano, MD, PA, LLC
5231 Isleworth Country Club Drive
Windermere, Florida 34786-8900
(407)518-6004 or (407) 876-0906

To:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
(850) 487-6051

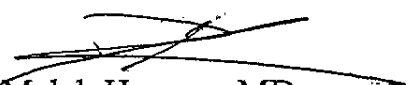
W01-10178

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*****25.00 *****25.00

We are enclosing a check in the amount of One Hundred Dollars (\$100.00)
payable to the Florida Department of State.

We are looking forward to a letter of acknowledgement that will be issued
free of charge upon registration. We understand that we can keep the federal
identification number we already have. If this is not correct, please let us
know with the acknowledgement letter.

Sincerely,


Malek Hanano, MD

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***100.00 ***100.00



4/6/01
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01 JUN -5 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 4, 2001

MALEK HANANO, MD
5231 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786-8900

SUBJECT: MALEK HANANO, MD, PA, LLC
Ref. Number: W01000010178

We have received your document for MALEK HANANO, MD, PA, LLC and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 101A00026586

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01 JUN -5 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 23, 2001

MALEK HANANO, MD
5231 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786-8900

SUBJECT: MALEK HANANO, MD
Ref. Number: W01000010178

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for MALEK HANANO, MD and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to note in our previous letter that the name of your LLC cannot include the term "PA." If you would like to change the "LLC" suffix to "PLC," for "Professional Limited Company," you may do so, but you must add an Article V to your form, stating the specific nature of the business. You do not need to go into depth, but you must state the specific nature. You do not need to do another form; you can add an Article V beneath Article IV.

Again, we are sorry for our error and thank you for your patience.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 201A00031443

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Malek Hanano, MD, PLLC

ARTICLE II - Address:

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

5231 Isleworth Country Club Drive
Windermere, FL 34786-8900

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

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

Malek Hanano
Name
5231 Isleworth Country Club Drive
Florida street address (P.O. Box **NOT** acceptable)
Windermere, FL 34786-8900
City, State, and 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 608, F.S.

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.

Article V - Specific Nature of Business - medical Doctor / Surgeon
Solo practitioner in the field of thoracic and vascular surgery

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

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.)

MALEK HANANO

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)

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TALLAHASSEE FLORIDA