

LD3000039337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

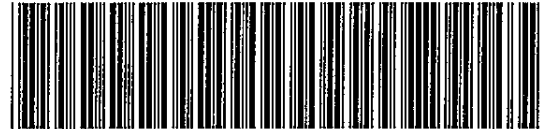
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/03--01017--004 **100.00

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2003 OCT 13 PM 4:06
CORPORATIONS
ALLAHASSEE, FLORIDA

W03-18666
J. BRYAN JUN 30 2003



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 30, 2003

FLORIDA MEDICAL GROUP LLC
PO BOX 11761
NAPLES, FL 34101

SUBJECT: FLORIDA MEDICAL GROUP LLC
Ref. Number: W03000018666

FILED
2003 OCT 13 PM 4:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA MEDICAL GROUP LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 803A00039349



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 15, 2003

FLORIDA MEDICAL GROUP LLC
PO BOX 11761
NAPLES, FL 34101

SUBJECT: FLORIDA MEDICAL GROUP LLC
Ref. Number: W03000018666

FILED
2003 OCT 13 PM 4:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call
(850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 903A00041582

To
Joey Bryan

From
Florida Medical Group
Po Box 11761, Naples, FL 34101

FILED
2003 OCT 13 PM 4:06
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

1 Re w03000018666 please see attached \$25.00.

2 Re w03000018664 please refund \$100.00

Thanks,
Best personal regards,
H Sharma.
HSH43@hotmail.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA MEDICAL GROUP LLC

ARTICLE II - Address:

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

PO Box 11761 Naples, FL 34101

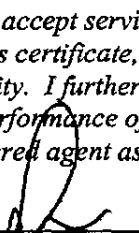
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

H. SHARMA
Name
2250 NORTH ROAD
Florida street address (P.O. Box NOT acceptable)
FL
NAPLES City, State, and Zip FL 34104

FILED
2009 OCT 13 PM 4:06
ALLAHIASSEE, 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..


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.

(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.)


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)