

L03000042562

(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



100023823221

11/04/03--01055--005 \*\*125.00

RECEIVED  
03 NOV -4 AM 11:36  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

FILED  
03 NOV -4 PM 2:51  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

*Handwritten signature*



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

03  
November 4, 2003  
FILED  
TALLAHASSEE, FLORIDA  
PM 2:51

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S)**

NAfisa A. Tejpar, M.D., P.L.

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION  
OF**

**NAFISA A. TEJPAN, M.D., PL**

**A PROFESSIONAL LIMITED LIABILITY COMPANY**

The undersigned, who is a duly physician in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company shall be Nafisa A. Tejpar, M.D., P. L.

SECOND: The period of duration for the Limited Liability Company shall be perpetual.

THIRD: The Limited Liability Company is organized for the purpose of engaging in the practice of medicine and to take all actions that are necessary or proper in connection with such services.

FOURTH: The mailing address and street address of the principal office of the Limited Liability Company is 2501 N. Orange Avenue, Suite 513, Orlando, FL 32804.

FIFTH: The street address of the initial registered office of the Limited Liability Company in Florida is 608 East Central Boulevard, Orlando, FL 32801, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is James J. Flick.

SIXTH: The Limited Liability Company is to be managed by the Member.

IN WITNESS WHEREOF, the Member has executed and acknowledged these Articles of Organization on October 31, 2003.

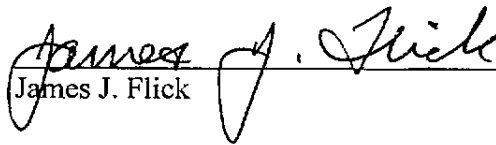
  
James J. Flick

**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

Having been named as Registered Agent for Nafisa A. Tejpar, M.D., P. L. I hereby voluntarily consent to serve as Registered Agent for Nafisa A. Tejpar, M.D., P. L.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: October 31, 2003.

  
James J. Flick