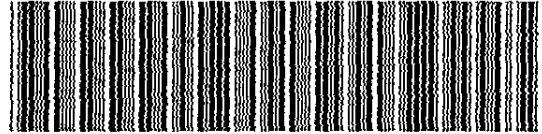


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03 NOV 13 PM 3:12

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



600024326016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Akshar HealthCare Systems, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Shailesh P. Patel  
(Name of Person)

(Firm/Company)

14040 Sierra Vista Drive  
(Address)

Orlando, Florida 32837  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shailesh P. Patel at ( 407 ) 816-7322  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
03 NOV -13 PM 3:  
CITY CLERK OF ST.  
TALLAHASSEE, FLOR

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Akshar HealthCare Systems, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

14040 Sierra Vista Drive

Orlando, Florida 32837

**Mailing Address:**

14040 Sierra Vista Drive

Orlando, Florida 32837

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

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

Shailesh P. Patel

Name

14040 Sierra Vista Drive

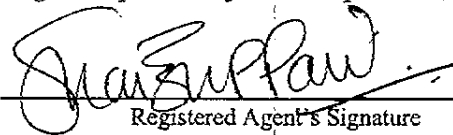
Florida street address (P.O. Box **NOT** acceptable)

Orlando

FLORIDA 32837

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, Florida Statutes..*

  
Registered Agent's Signature

FILED

03 NOV -13 PM 3: 12

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Manager

Shailesh P. Patel

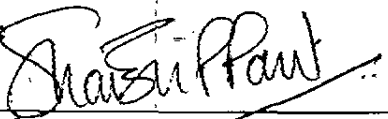
14040 Sierra Vista Drive

Orlando, FL 32837

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Shailesh P. Patel

Typed or printed name of signer

**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)**