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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

04 JAN -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: GARG FAMILY MEDICAL CENTER, L.L.C.
(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:

RAY G FLORES, CPA
(Name of Person)

CG FLORES & RAY G FLORES, CPA
(Firm/Company)

809 BEVERLY PKWY
(Address)

PENSACOLA FL 32505
(City/State and Zip Code)

For further information concerning this matter, please call:

RAY FLORES at (850) 435-6845
(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
FOR GARG FAMILY MEDICAL CENTER, L.L.C.**

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TALLAHASSEE, FLORIDA

ARTICLE I. Name

The name of the Limited Liability Company is GARG FAMILY MEDICAL CENTER,
L.L.C.

ARTICLE II. Address

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

Principal Office Address:

5553 Hwy 90
Pace, Florida 32571

Mailing Address:

5553 Hwy 90
Pace, Florida 32571

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

Purushottam Kumar Garg

5553 Hwy 90
Pace, Florida 32571

*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 property 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.*

f. k. garg

01-01-04

Registered Agent's Signature

ARTICLE IV. Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Purushottam Kumar Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Anju Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Saumya Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Nupur Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Neha Garg 4534 Amblerwood Court Pace, Florida 32571
Member	Priya Garg 4534 Amblerwood Court Pace, Florida 32571

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REQUIRED SIGNATURE:

I. K. Garg 01-01-04
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.)

Purushottam Kumar Garg, Managing Member
Name of signee

Filing Fees:
\$100.00 Filing Fees for Articles of Org.
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Statute (Optional)