

L04000010835

(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



700027985477

02/02/04--01088--014 **125.00

FILED
FEB 2 PM 3:16
CLERK OF COURT
TALLAHASSEE, FLORIDA

L04-10835
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maya P, 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:

Pinkal Patel

(Name of Person)

OVEDO FAMILY HEALTH CENTER

(Firm/Company)

1410 W. Broadway Ste 101

(Address)

OVEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Pinkal Patel

(Name of Person)

at (321) 246-0581

(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

RECEIVED
TALLAHASSEE, FLORIDA

04 FEB - 9 09 3:19

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maya P, LLC

ARTICLE II - Address:

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

Principal Office Address:

602 Cedar Forest Cir
ORLANDO, FL
32828

Mailing Address:

602 Cedar Forest Cir
ORLANDO, FL
32828

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

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

Pinkal Patel
Name
602 Cedar Forest Circle
Florida street address (P.O. Box **NOT** acceptable)
ORLANDO FLORIDA 32828
City, State, and Zip

FILED
04 FEB - 2 P
TALLAHASSEE, FL

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..

Pinkal Patel
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Pinkal Patel
602 Cedar Forest Cir
ORLANDO, FL 32828

MGR

MONAL Patel
602 Cedar Forest Cir
ORLANDO, FL 32828

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Pinkal Patel

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.)

Pinkal Patel

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)

FILED
FEB. 2 PM 3:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE