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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR - 7 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARG FAMILY MEDICAL CLINIC, 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:

RAYMOND 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:

RAYMOND 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
FOR GARG FAMILY MEDICAL CLINIC, L.L.C.**

ARTICLE I. Name

The name of the Limited Liability Company is **GARG FAMILY MEDICAL CLINIC, 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.

P. K. Garg
Registered Agent's Signature

03-24-04

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TALLAHASSEE, FLORIDA

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

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

Title:

Name and Address:

Managing Member

Purushottam Kumar Garg
4534 Amblerwood Court
Pace, Florida 32571

Member

Anju Garg
4534 Amblerwood Court
Pace, Florida 32571

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

1. K. G. V. 03-24-04
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)