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(City/State/Zip/Phone #)

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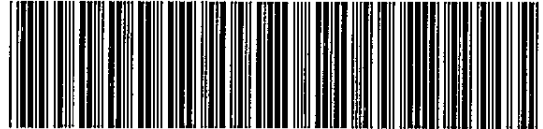
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AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

September 21, 2004

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04 SEP 22 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: Capital Ear Nose Throat & Plastic Surgery, P.L.

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for Capital Ear Nose Throat & Plastic Surgery, P.L., a professional limited liability company. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters
Legal Assistant

/dmw
Enclosures
RAPICAP ENT\SOS ltr 09.21.04 Arts
017956.41066

**ARTICLES OF ORGANIZATION
OF
CAPITAL EAR NOSE THROAT & PLASTIC SURGERY, P.L.**

The undersigned, pursuant to the provisions of Chapters 608 and 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida. The Company will engage in the practice of medicine.

**ARTICLE 1.
Name**

The name of the Professional Limited Liability Company is **Capital Ear Nose Throat & Plastic Surgery, P.L.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

Attn.: Firas A. Hamdan, M.D.
1871 Professional Park Circle
Tallahassee, Florida 32308-4506

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TALLAHASSEE, FLORIDA

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Professional Limited Liability Company are:

Robert A. Pierce
227 South Calhoun Street
Tallahassee, Florida 32301-1805

Having been named as registered agent and as the person to accept service of process for the above-stated professional limited liability company at the place designated in these Articles, 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.



Robert A. Pierce, Registered Agent

**ARTICLE 4.
Management**

The name and address of the Manager are as follows:

Firas A. Hamdan, M.D., MGR

1871 Professional Park Circle
Tallahassee, Florida 32308-4506

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 21st day of September, 2004.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



Robert A. Pierce
Representative of the Member