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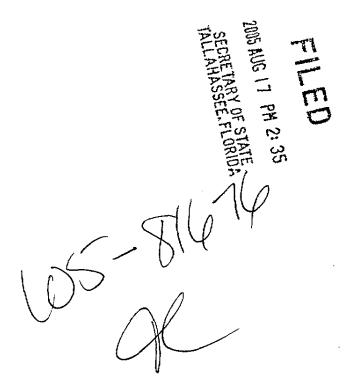
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TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

Street Professionals, 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:

Grant Street Professionals, LLC
(Pirm/Company)

4442 Curry Ford Road, Suite 4442

Orlando FL 32812 (City/State and Zip Code)

For further information concerning this matter, please call:

Ony Raitaho at (407) 281 - 7728

(Name of Person) at (407) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ \$160.00 Fili Certificate of Status & Certified Copy (additional copy is epclosed)

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 ARTICLE I - Name: The name of the Limited Liability Company is: Street Professionals ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Tony Raitano Florida street address (P.O. Box NOT acceptable) Orlando FL 32812 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 Fall 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 698, F.S.

(CONTINUED)

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:	
MGRM	Cathy Frank Mn 4442 Curry Ford Road Suite 444 Orlando, EL 32812	
MGRM	Max Hunt 6650 Hoffner Ave., Suite D Orlando, FL 32822	
MGRM	Anil Patel, MD 4442 Curry Ford Road, Suite 444 Orlando, FL 32822	
MGRM	Sandra Stine MD 4442 Curry Ford Road, Suite 44 Orlando, FL 32822	
	attach ment A	
NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:		
Signature of a member o	r an authorized representative of a member.	
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	
<u>Arsenio</u> Typed	A. Mestre, MD d or printed name of signee	
Filing Fees:	AS SEC	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Articles of Organization for Florida Limited Liability Company

Attach ment A

Title:

Name and Address:

MGRM

Jane Zivalich, MD 4442 Curry Ford Road, Suite 4442 Orlando, FL 32812

MGRM

Arsenio A. Mestre, MD 4442 Curry Ford Road, Suite 4442 Orlando, FL 32812