

LU 60000 64829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

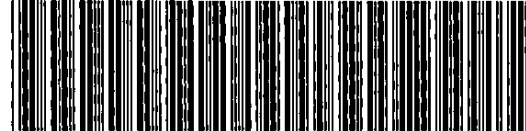
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
06 JUN 27 AM 11:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2006 JUN 27 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/State/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- PADMA OF GAINESVILLE, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
PADMA OF GAINESVILLE, LLC**

\*\*\*\*\*

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TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, *F.S. Chapter 608*, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the limited liability company shall be **PADMA OF GAINESVILLE, LLC** ("Company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company are as follows:

*Mailing Address:*

3426 NW 43<sup>rd</sup> Street, Suite B  
Gainesville, FL 32606

*Street Address:*

3426 NW 43<sup>rd</sup> Street, Suite B  
Gainesville, FL 32606

**ARTICLE III -- DURATION**

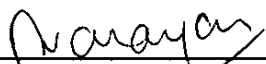
The company's existence shall be perpetual or until the company is dissolved earlier as provided in these Articles of Organization or in the Regulations.

**ARTICLE IV -- REGISTERED AGENT, REGISTERED OFFICE AND  
RESIDENT AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the State of Florida is as follows:

Perinchery Narayan  
3426 NW 43<sup>rd</sup> Street, Suite B  
Gainesville, Florida 32606

*Having been named as the 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 of registered agent as provided in F.S. Chapter 608.*

  
\_\_\_\_\_  
Perinchery Narayan, Registered Agent

#### **ARTICLE V -- MANAGEMENT**

The company shall be managed by the members in accordance with Regulations adopted or to be adopted by the members for the management of the business and affairs of the company.

#### **ARTICLE VI – EFFECTIVE DATE**

The effective date for the commencement of this Limited Liability Company shall be the date of execution of these Articles of Organization.

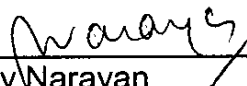
#### **ARTICLE VII – ELECTION**

The members of this Limited Liability Company accept the default tax classification as a partnership unless otherwise agreed to in writing.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Gainesville, Florida, on this 26 day of June, 2006.

Signed, sealed and delivered  
in our presence as witnesses:

  
\_\_\_\_\_  
Printed name JOHN F. ROSCOW, IV

  
\_\_\_\_\_  
Perinchery Narayan

  
\_\_\_\_\_  
Printed name SUZANNE BALDWIN

STATE OF FLORIDA  
COUNTY OF ALACHUA

SWORN TO and subscribed before me this 26<sup>th</sup> day of June, 2006, by  
**PERINCHERY NARAYAN**. He ☐ is personally known to me or ☒ has produced  
FL DL. as identification.



Notary Public, State of Florida



John F. Roscow, IV  
MY COMMISSION # DD 203963  
June 3, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

Name of Notary Printed/Stamped With  
Date of Expiration of Commission