

106000081244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

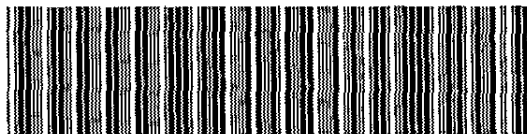
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

106-81244
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UCC FILING & SEARCH SERVICES, INC.
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(850) 681-6528 P

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August 17, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Muthyam Care, PL

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include

- Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

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 SECRETARIES
 TALLAHASSEE, FL

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 RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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

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

**ARTICLES OF ORGANIZATION
OF
MUTHYAM CARE, PL**

The undersigned, who is a duly licensed doctor of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is MUTHYAM CARE, PL

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 4725 Broad Street, # 202, Orlando, FL 33814.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 4725 Broad Street, # 202, Orlando, FL 33814 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Ramkishan R. Gummadapu.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Ramkishan R. Gummadapu (MGRM)
4725 Broad Street, # 202
Orlando, FL 33814

FIFTH: The Limited Liability Company is to be managed by the Member.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on August 15, 2006.



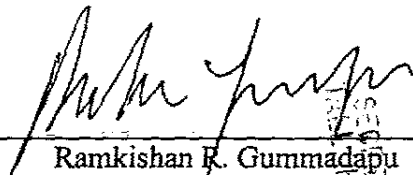
Ramkishan R. Gummadapu

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for MUTHYAM CARE, PL
hereby voluntarily consent to serve as Registered Agent for MUTHYAM CARE, PL

I know and understand the duties and responsibilities of a Registered Agent as set forth in
the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those
duties and responsibilities.

Dated: August 15, 2006



Ramkishan R. Gummadapu

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