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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0393

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV - 2 AM 9:00

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kundlas medical management group 1, l.l.c.

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Help

③

ARTICLE I - Name:

Kundlas Medical Management Group 1, L.L.C.

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

110 Wyndam Drive
Winter Haven, Florida 33884

The name and the Florida street address of the registered agent are:

Michael R. Presley, Esq.

3452 W. BOYNTON BEACH BLVD., SUITE 5

Florida street address (P.O. Box **NOT** acceptable)

BOYNTON BEACH FT. 33436

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 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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV -2 AM 9:00

דפוס

Hindoo Mahatma

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

Name and Address:

"MGRM" = Managing Member

MGR

Kulmeet Kundlas

110 Wyndam Drive

Winter Haven, Florida 33884

(Use attachment if necessary)

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Kulmeet Kundlas, M.D.

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)