

L07000005315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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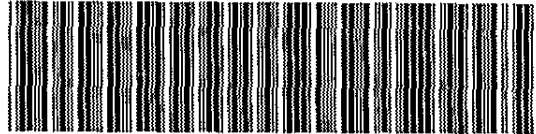
(Business Entity Name)

(Document Number)

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07 JAN 16 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Charter Number Only

VALIDATION ONLY

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07 JAN 16 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/27/04

Masch & Company

Requestor's Name

5669 S. University DR.

Address

Davie FL 33328

City

State

ZIP

Phone

CORPORATION(S) NAME

Adnan Shariff, DPM, PA, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other

☐ Change of Registered Agent

☐ Reinstatement

☐ Reservation

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

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Acknowledgment

W.P. Verifier



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2006

EMPIRE

TALLAHASSEE, FL

SUBJECT: ADNAN SHARIFF, DPM, PA, LLC  
Ref. Number: W06000051706

RECEIVED  
07 JAN 16 AM 10:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 JAN 16 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ADNAN SHARIFF, DPM, PA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The suffix "PA" is a suffix that designates a professional corporation.

Is it being used for some other purpose in this name?

Is this actually a professional limited liability company? If so, you will need to include a statement of the specific professional practice in which the company will engage. And you will have to use a professional LLC suffix in the name.

The professional LLC suffixes include "PLC" and "PLLC" and "PL". You may also use the words "PROFESSIONAL LIMITED COMPANY" or "PROFESSIONAL LIMITED LIABILITY COMPANY".

And if you are actually trying to form an LLC, you should not use any corporate suffix -- such as "PA" in the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 106A00068674

**ARTICLES OF ORGANIZATION FOR  
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED**  
JAN 16 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Professional Limited Liability Company is:

Adnan Shariff, DPM, PLLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

155 Spoonbill Court  
Jupiter, FL 33458

**ARTICLE III – Purpose**

The purpose for which this Professional Limited Liability Company is organized shall be to engage in professional medical services within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

**ARTICLE IV – Registered Agent, Registered Office & Registered Agent's signature:**

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

Adnan Shariff  
155 Spoonbill Court  
Jupiter, FL 33458

*Having been named as registered agent and to accept service of process for the above stated professional 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

**ARTICLE IV – Management (Indicate if applicable.)**

\_\_\_\_\_  
If checked, the Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



\_\_\_\_\_  
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.)

*ADNAN SHARIFF*

\_\_\_\_\_  
Typed or printed name of signee