

LO70000 38 933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200092224052

04/12/07--01003--002 \*\*155.00

RECEIVED  
07 APR 11 PM 2:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 APR 11 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**UCC Filing & Search Services, Inc.**  
1574 Village Square Boulevard, Suite 100  
Tallahassee, Florida 32309  
(850) 681-6528

**HOLD**  
**FOR PICKUP BY**  
**UCC SERVICES**  
**OFFICE USE ONLY**

April 11, 2007

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

Sleep Associates of Tampa Bay, LLC

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ 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

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

FILED  
07 APR 11 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Sleep Associates of Tampa Bay, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

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

### Principal Office Address:

DR. MUKUND AMIN  
3120 WEST HILLSBOROUGH AVENUE  
TAMPA, FLORIDA 33614-5927

### Mailing Address:

DR. MUKUND AMIN  
3120 WEST HILLSBOROUGH AVENUE  
TAMPA, FLORIDA 33614-5927

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RAJESH GROVER

Name


3120 WEST HILLSBOROUGH AVENUE

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

TAMPA FL 33614-5927

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

FILED  
07 APR 11 PM 3:26  
SECRETARY OF STATE  
TREASURER  
FLORIDA

**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:**

MANAGER

RAJESH GROVER

120 WOOD AVENUE SOUTH - SUITE 511

ISELIN, NJ 08830

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


(Use attachment if necessary)

FILED  
07 APR 11 PM 3:26  
SECRETARY OF STATE  
KALAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

RAJESH GROVER-AUTHORIZED PERSON

Typed or printed name of signee