

**L07000084174**Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 203-0383

## From:

Account Name : ROBERTS, SEWARD & COMPANY PA  
Account Number : I20040000178  
Phone : (813) 225-1040  
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RECEIVED  
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DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
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07 AUG 16 AM 8:10**FLORIDA/FOREIGN LIMITED LIABILITY CO.****BAY AREA MEDICAL ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

H 07000 206 424 3

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BAY AREA MEDICAL ASSOCIATES, 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:**

**6328 GUNN HWY  
TAMPA, FL 33625**

**Mailing Address:**

**6328 GUNN HWY  
TAMPA, FL 33625**

**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:

**SHITAL MEHTA**

Name

**6328 GUNN HWY**

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

**TAMPA, FL 33625**

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)

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Page 1 of 2

H 07000 206 424 3

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07 AUG 16 AM 8:10  
DIVISION OF CORPORATIONS

H 070002064243

**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:**

MGRM

SHITAL MEHTA

6928 GUNN HWY

TAMPA, FL 33625

MGRM

DIPAK SHAH

14701 N. FLORIDA AVE.

TAMPA, FL 33613

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(Use attachment if necessary)

**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.)

SHITAL MEHTA

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)

Page 2 of 2

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