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STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**B. KOHR**

JAN 30 2008

**EXAMINER**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 422404 4320855

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
08 JUN 29 AM 8:26  
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ORDER DATE : January 29, 2008

ORDER TIME : 3:21 PM

ORDER NO. : 422404-005

CUSTOMER NO: 4320855

DOMESTIC FILING

NAME: BASTANTE, PLLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bastante, PLLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

1660 Renaissance Commons Blvd,  
# 2405  
Boynton Beach, FL 33426

**Mailing Address:**

1660 Renaissance Commons Blvd,  
# 2405  
Boynton Beach, FL 33426

**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:

Daniel Sullivan, D.O.

Name

1660 Renaissance Commons Blvd #2405

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

Boynton Beach FL 33426

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.*

Daniel B. Sullivan D.O.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MGR

Daniel Sullivan, D.O.

1660 Renaissance Commons Blvd, #2405  
Boynton Beach, FL 33426

(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.)

**ARTICLE VI:** Purpose, to perform anesthesia and other related medical services.

**REQUIRED SIGNATURE:**

Daniel B. Sullivan D.O.

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.)

Daniel Sullivan, D.O.

Typed or printed name of signee

**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)