# L08000065232

(	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



600131615386

06/26/08--01004--005 \*\*155.00



B. KOHR

JUL - 7 2008

EXAMINER



## CAPITAL CONNECTION, INC.

'417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
BAYSHORE MEDICAL Spoup, P.L.	OB JIM T PM 3: 15
	Art of Inc. File
Signature  Requested by Date Time	Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

Courier



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2008

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: BAYSHORE MEDICAL GROUP, P.L.

Ref. Number: W08000030874



We have received your document for BAYSHORE MEDICAL GROUP, P.L. 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 Articles of Organization for a professional limited liabilty company must include a statement of the specific professional practice (e.g. "the practice of medicine") in which the company will engage.

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 Regulatory Specialist II

Letter Number: 808A00038495

NUT SHITE (SEED)
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

## ARTICLES OF ORGANIZATION FOR BAYSHORE MEDICAL GROUP, P.L. A FLORIDA LIMITED LIABILITY COMPANY



#### ARTICLE I - NAME

The name of the Limited Liability Company is: BAYSHORE MEDICAL GROUP, P.L.

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 19447 Tamiami Avenue, Tampa, Florida 33647

#### ARTICLE III - DURATION AND PURPOSE

The period of duration for the Limited Liability Company shall be: Until dissolved pursuant to its Operating Agreement.

The purpose of the Limited Liability Company shall be to render professional medical services through members who are duly licensed in the State of Florida or otherwise legally authorized to render such professional services.

#### **ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members. The name and address of the managing member is:

#### YESHITILA AGZEW 19447 Tamlami Avenue Tampa, Florida 33647

#### ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.

#### ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: Only with the consent of all the remaining Members.

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Member, by: Yeshitila Agzew.

Dated this 19th day of June, 2008,

Yeshitila Agzew Managing Member

#### STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of June, 2008, by Yeshitila Agzew, who has produced a Florida Driver License as identification.

sman/ Notary Public

J. LASMAN

Notary Public - State of Florida

My Commission Expires Oct 22, 2009

Commission # DD 477734

Bonded By National Notary Assn.

3

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: BAYSHORE MEDICAL GROUP, P.L.
- 2. The name and address of the registered agent and office is:

Jeffrey M. Lasman, Esquire LASMAN LAW FIRM, P.A. 6152 Delancey Station Street, Suite 205 Riverview, Florida 33569

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.

Jeffrey M. Lasman

June 19, 2008 (Date)