

L U8UUVUU 98481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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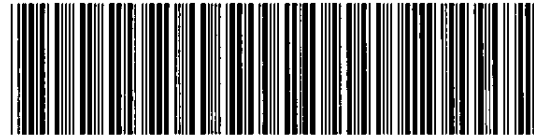
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/08--01013--022 **155.00

RECEIVED
08 OCT 20 PM 1:09
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
OCT 20 2008
EXAMINER

FILED
08 OCT 20 PM 2:15
STATE
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
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WALK-IN

ENTITY NAME:

NAKANACHI ANESTHESIA PROVIDERS, LLC

CK# 3584

AMOUNT \$155.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

☒ XXX CERTIFIED COPY

☐ STAMPED COPY

☐ CERTIFICATE OF STATUS

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08 OCT 20 PM 2:15
TALLAHASSEE, FLORIDA

Examiner's Initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nakanachi Anesthesia Providers, LLC
(Name of Limited Liability Company)

FILED
08 OCT 20 PM 2:15
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Annunciata

(Name of Person)

Virtual Paralegal Services, Inc.

(Firm/Company)

60 Eaton Road

(Address)

Framingham, MA 01701

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Annunciata

(Name of Person)

at (**508**) **405-1943**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nakanachi Anesthesia Providers, LLC

(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:

5013 N. Armenia Avenue
Tampa, FL 33603

Mailing Address:

5013 N. Armenia Avenue
Tampa, FL 33603

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:

Devanand Mangar, M.D.

Name

5013 N. Armenia Avenue

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

Tampa, FL 33603

FL

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.

Devanand Mangar, M.D.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Nakanishi I, LLC

6013 N. Armenia Avenue

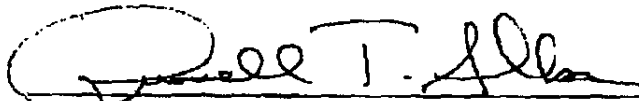
Tampa, FL 33603

(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.)

Russell T. Alba, Esq., Authorized Person

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)

NAKANACHI ANESTHESIA PROVIDERS, LLC

ARTICLES OF ORGANIZATION

CONTINUATION SHEET

Article VI: **Additional Provisions.** No member or manager shall be personally liable to the LLC or its members or other managers for monetary damages for breach of fiduciary duty as a member or manager notwithstanding any provision of law imposing such liability; provided, however, that to the extent provided by applicable law, this provision shall not eliminate the liability of a member or manager for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law.