

LD8000105754

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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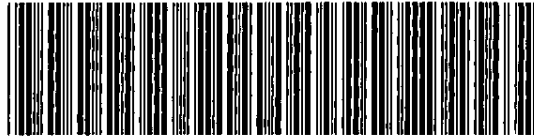
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

N. NOV 13 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2008

MDH MOUHANNAD DALAO  
6101 PINE RIDGE ROAD  
NAPLES, FL 34119

SUBJECT: CARDIOLOGY CONSULTANTS OF NAPLES, LLC  
Ref. Number: W08000051131

We have received your document for CARDIOLOGY CONSULTANTS OF NAPLES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 408A00056704

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARDIOLOGY CONSULTANTS OF NAPLES, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MHD MOHAMMAD DALAO  
(Name of Person)

CARDIOLOGY CONSULTANTS OF NAPLES, LLC  
(Firm/Company)

6101 PINE RIDGE RD  
(Address)

NAPLES, FL 34119  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. DALAO at ( 239 ) 273-5980  
(Name of Person) (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

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
CARDIOLOGY CONSULTANTS OF NAPLES, LLC.**

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The undersigned organizer hereby forms a Limited Liability Company under Chapter 608, Florida Statutes, as follows:

Article I - Name

The name of the Limited Liability Company shall be Cardiology Consultants of Naples, LLC.

Article II - Principal Office

The principal office and mailing address of the Limited Liability Company shall be 6101 Pine Ridge Rd, Naples, FL 34119

Article III - Nature of Business

The Limited Liability Company is authorized to conduct any activities as are permitted under applicable Florida Statutes.

Article IV - Managers

Mhd Mouhammad Dalao  
6101 Pine Ridge Rd  
Naples, FL 34119

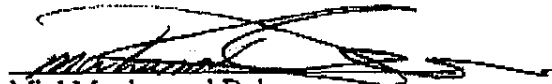
Managing Member

Article V - Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be 6101 Pine Ridge Rd, Naples, FL 34119, and the initial registered agent at that address is Mhd Mouhammad Dalao

Acceptance of Registered Agent Designated in Articles of Organization

Having been named as registered agent and to accept service of process for the above state 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 in Chapter 608, Florida Statutes.



Mhd Mouhannad Dalao

Signing as authorized representative

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