

L09000035861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

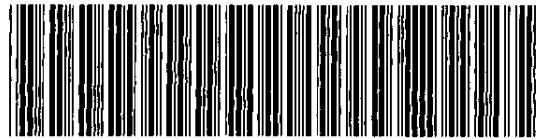
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/09--01007--012 **130.00

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09 APR 14 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-11271
MAR 10 2009

J. BRYAN

APR 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERLINDA P. ZABALLERO, M.D. 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:

ERLINDA P. ZABALLERO, M.D.
(Name of Person)

ERLINDA P. ZABALLERO, M.D. LLC
(Firm/Company)

2711 SWOOP CIRCLE
(Address)

KISSIMMEE, FL. 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMUEL O. SAGUIN at (407) 346-1230
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2009

ERLINDA P. ZABALLERO, M.D.
ERLINDA P. ZABALLERO, M.D. LLC
2711 SWOOP CIRCLE
KISSIMMEE, FL 34741

SUBJECT: ERLINDA P. ZABALLERO, M.D. LLC
Ref. Number: W09000011271

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ERLINDA P. ZABALLERO, M.D. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #P04000132423, ERLINDA P. ZABALLERO, M.D., P.A..

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 209A00008197

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09 APR 14 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 8, 2009

Subject: Erlinda P. Zaballero, M.D. LLC
Ref. Number: W09000011271

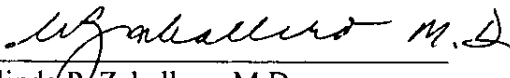
I have received a letter from the Florida Department of State Divisions of Corporations regarding a conflict with document #P040000132423, Erlinda P. Zaballero, M.D., P.A.

Please be advised that both entities are registered to the same person. My current document #P040000132423 will expire in 05/09 and I am applying to renew under #W09000011271 and will no longer practice under the first number noted above.

Please make note of these changes and allow for the current document to be approved. The effective date for the LLC should commence immediately after the P.A. has expired. The address will remain the same:

Erlinda P. Zaballero, M.D., P.A. (#P040000132423)
Erlinda P. Zaballero, M.D. LLC (#W09000011271)
2711 SWOOP CIRCLE
KISSIMMEE, FL 34741

Sincerely,



Erlinda P. Zaballero, M.D.

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09 APR 14 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ERLINDA P. ZABALLERO, M.D. 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:

Mailing Address:

2711 SNOOP CIRCLE

KISSIMMEE, FL

34741

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:

ERLINDA P. ZABALLERO, M.D.

Name

2711 SNOOP CIRCLE

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

KISSIMMEE, FL 34741

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

(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:

MGR

SAMUEL O. SAGUIN
2711 SWCOF CIRCLE
KISSIMMEE, FL 34741

MGRM

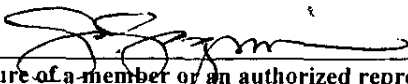
WILLIAM P. ZABALLERO
4410 LAKE CALABAY DR.
ORLANDO, FL 32837

(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.)

SAMUEL O. SAGUIN

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)