L09000044931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAY -8 2009

EXAMINER

W. E. Bishop, Jr., P.A.
ATTORNEY AT LAW

GERRI FIELD
LEGAL ASSISTANT

352 / 237-9225
FAX 352 / 861-2851

7743 S.W. S.R. 200
OCALA, FLORIDA 34476

May 6, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: 802 Of Ocala, LLC
Articles of Organization

To Whom It May Concern:

Enclosed please find Articles of Organization for the above referenced company along with a money order in the amount of $160.00 for the filing fee, Certificate of Status and Certified Copy. Please expedite this filing and fax a copy to our office.

If you have any questions do not hesitate to call.

Sincerely,

Gerri Field

(Mrs.) Gerri Field
Legal Assistant

Gf/sz

enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 802 Of Ocala, 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:

W.E. Bishop, Jr.
Name of Person

W.E. Bishop, Jr., P.A.
Firm/Company

7743 SW SR 200
Address

Ocala, FL 34476
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

W.E. Bishop, Jr. at (352) 237-9225
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

802 Of Ocala, 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:**
1805 SE 16th Avenue, Unit 802 Ocala, FL 34474	1805 SE 16th Avenue, Unit 802 Ocala, FL 34474

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:

Sushil Puskur, M.D.
Name

1706 SE 33rd Street
Florida street address (P.O. Box **NOT** acceptable)

Ocala 34471 FL
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..

Sushil Puskur
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Sushil Puskur, M.D. 1706 SE 33rd Street Ocala, FL 34471

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/7/09 . (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:

Sushil Puskur

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.)

Sushil Puskur
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)