

L0900005927/

(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:

W09-26769

A. LUNT

JUN 18 2009

EXAMINER

Office Use Only



300156774503

06/05/09--01025--014 **160.00

FILED
2009 JUN 17 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2009

SHEILA GILLIKIN
7750 E MISTY LANE
INVERNESS, FL 34450

SUBJECT: SHEILA GILLIKIN, M.D., P.A., LLC
Ref. Number: W09000026769

We have received your document for SHEILA GILLIKIN, M.D., P.A., LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "P.A.." This word/abbreviation is commonly associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 409A00019150

2009 JUN 17 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Tri-County Infectious Disease Consultants

1014 E. North Boulevard, Hwy 441

Leesburg, Florida 34748

352-326-5254 Office

352-326-5402 Fax

Sheila Gillikin, M.D.

Hemwattie S. Jaimangal, D.O.

Lesa W. Mariner, ARNP

June 3, 2009

To whom it may concern;

If there are questions regarding the application enclosed please contact either Jack Rogers 352-205-6624 or Sheila Gillikin 352-326-5254 by phone or by mail at the above address.

Thank you.

A handwritten signature in black ink, appearing to be 'SG' with a long horizontal stroke extending to the right.

Sheila Gillikin, MD

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sheila Gillikin, M.D., P.A., 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:

Sheila Gillikin
Name of Person

7750 E Misty Lane
Firm/Company
Address

INVERNESS, FL 34450
City/State and Zip Code

dragillikin@embargo.com
E-mail address: (to be used for future annual report notification)

2009 JUN 17 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jack Rogers at (352) 205-6624
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:

Sheila Gillikin, M.D., LLC ⁸⁹
Sheila Gillikin, M.D., P.A., LLC ⁸⁹
(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:

1014 E. North Boulevard
Leesburg, FL 34748

Mailing Address:

7750 E. Misty Lane
Inverness, FL 34450

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:

Sheila Gillikin
Name
7750 E. Misty Lane
Florida street address (P.O. Box NOT acceptable)
Inverness FL 34450
City, State, and Zip

2009 JUN 17 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Sheila Gillikin
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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Sheila Gillikin, MD
7750 E. Misty Lane
Inverness, FL 34450

MGR

Ralph Abadier
7750 E Misty Lane
Inverness, FL 34450

(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.)

Sheila Gillikin
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)

FILED
2009 JUN 17 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA