

L09000101047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

OCT 20 2009

EXAMINER

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10/19/09--01032--012 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 19 PM 2:00

FILED

10/15/2009

Florida Department of State
Division of Corporations

Re: Registration/Articles of Organization for "GLOBAL HEALTHCARE
ASSOCIATES LLC"

For any additional information please contact:

Purnima Khan
3840 NW 23rd Place
Coconut Creek, FL 33066
Purnima.khan@yahoo.com
954-258-8303

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL HEALTHCARE ASSOCIATES 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:

Purnima Khan
Name of Person

GLOBAL HEALTHCARE ASSOCIATES LLC
Firm/Company

3840 NW 23RD PLACE
Address

COCONUT CREEK, FLORIDA 33066
City/State and Zip Code

purnima.khan@yahoo.com
E-mail address: (to be used for future annual report notification)

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2009 OCT 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Purnima Khan at (954) 258-8303
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:

GLOBAL HEALTHCARE ASSOCIATES 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:

3840 NW 23rd Place
Coconut Creek, FL 33066

Mailing Address:

3840 NW 23rd Place
Coconut Creek, FL 33066

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:

Geoffrey Danielson

Name

1499 Forest Hill Blvd Suite 109

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

West Palm Beach, 33415 FL

City, State, and Zip

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SECRETARY OF STATE
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..

Geoffrey Danielson 10/14/09
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:

MGRM

Purnima Khan
3840 NW 23rd Place
Coconut Creek, FL 33066

2009 OCT 19 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/15/09. (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:

Purnima Khan
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.)

Purnima Khan

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)