

LD91000104482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

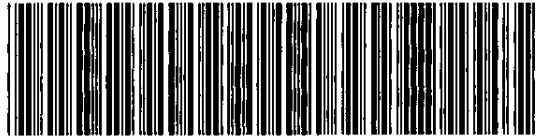
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 29 2009

**EXAMINER**

Office Use Only



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10/28/09--01003--003 \*\*130.00

FILED

09 OCT 28 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5254 SW 92<sup>nd</sup> Court  
Gainesville, Florida 32608

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

October 26, 2009

RE: Application to form a Limited Liability Company

To Whom It May Concern:

Please find enclosed the forms completed according to instruction to form a Florida Limited Liability Company called Amy Galvan Acupuncture & Oriental Medicine, LLC.

Articles of Organization are included pursuant to F.S. s. 608.407.

A check for \$130.00 is enclosed for filing fee and Certificate of Status.

Sincerely,

A handwritten signature in cursive script, appearing to read "Amy Galvan", written in dark ink.

Amy Galvan

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amy Galvan Acupuncture & Oriental Medicine, 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:

Amy Galvan

Name of Person

Amy Galvan Acupuncture & Oriental Medicine, LLC

Firm/Company

5254 SW 92nd Ct

Address

Gainesville, Florida 32608

City/State and Zip Code

agalvan1969@gmail.com

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

For further information concerning this matter, please call:

Amy Galvan

Name of Person

at ( 352 ) 283-8848

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:

Amy Galvan Acupuncture & Oriental Medicine, 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:

5254 SW 92nd Ct  
Gainesville FL 32608

#### Mailing Address:

5254 SW 92nd Ct  
Gainesville FL 32608

### 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:

Alberto Galvan

Name

5254 SW 92nd Ct

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

Gainesville 32608 FL

City, State, and Zip

*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)

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TALLAHASSEE FLORIDA

**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

Amy Galvan

5254 SW 92nd Ct

Gainesville, Florida 32608

MGRM

Alberto Galvan

5254 SW 92nd Ct

Gainesville, Florida 32608

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 1, 2009. (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.)

Amy Galvan

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**  
**09 OCT 28 AM 8:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**