

L09000107803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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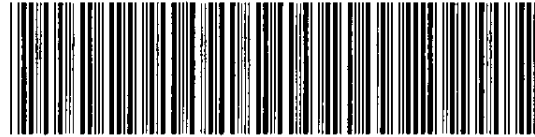
(Business Entity Name)

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11/10/09--01001--014 **155.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 NOV -9 PM 4:43

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DIVISION OF CORPORATIONS
09 NOV -9 AM 8:05

B. KOHR

NOV 10 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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DIVISION OF CORPORATIONS
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CONTACT: ASHLEY SMITH

DATE: 11-09-2009

REF. #: 001133.114295

CORP. NAME: ASHISH SHAH, M.D., LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532512 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
ASHISH SHAH, M.D., LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I – NAME

The name of the limited liability company shall be:

ASHISH SHAH, M.D., LLC
("Company")

ARTICLE II –MAILING ADDRESS

The mailing address and street address of the principal office of the Company is:

103 Wyndham Drive
Winter Haven, Florida 33884

ARTICLE III –REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the Company in the State of Florida is:

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301

ARTICLE IV – MANAGEMENT

The Company shall be a member-managed limited liability company.

ARTICLE V – EXECUTION OF ARTICLES OF ORGANIZATION

The name and address of the person authorized to execute these Articles of Organization is as follows:

Ashish Shah, M.D., Member
103 Wyndham Drive
Winter Haven, Florida 33326

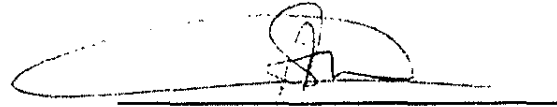
ARTICLE VI – EFFECTIVE DATE

The effective date of these Articles of Organization shall be:

November 9, 2009

FILED OF STATE
SECRETARY OF CORPORATIONS
NOV 9 2009 8:05 AM

The undersigned, for the purpose of forming a limited liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that he is the authorized representative of the Company and certifying that the facts stated above are true.

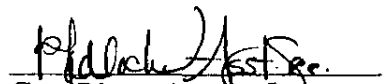
A handwritten signature in black ink, appearing to be 'Ashish Shah', is written over a horizontal line.

Ashish Shah, M.D., Member

ACCEPTANCE BY REGISTERED AGENT

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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

DATED THIS 9TH DAY OF NOVEMBER, 2009



CorpDirect Agents, Inc.
Patricia Tadlock
Assistant Secretary