

L10000043172

(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:

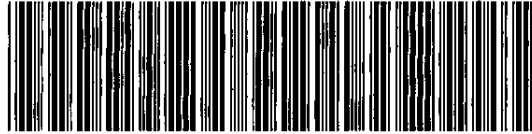
W1-16897

A. LUNT

APR 22 2010

EXAMINER

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04/05/10--01023--018 **155.00

FILED
2010 APR 20 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2010

DR. BHAVANI PUSKUR
1185 TALON WAY
MELBOURNE, FL 32934

SUBJECT: BREVARD PRIMARY CARE LLC
Ref. Number: W10000016897

2010 APR 20 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for BREVARD PRIMARY CARE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or 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: 610A00008442

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BREVARD PRIMARY CARE 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:

DR. BHAVANI PUSKUR

Name of Person

BREVARD PRIMARY CARE LLC

Firm/Company

1185 TALON WAY

Address

MELBOURNE, FL 32934

City/State and Zip Code

SHIREE9DR@HOTMAIL.COM

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

For further information concerning this matter, please call:

DR. BHAVANI PUSKUR

Name of Person

at (321) 948-9292

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2010 APR 20 PM 12:21
TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BREVARD PRIMARY CARE 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:

1185 TALON WAY
MELBOURNE, FL 32934

Mailing Address:

1185 TALON WAY
MELBOURNE, FL 32934

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:

DR.BHAVANI PUSKUR

Name

1185 TALON WAY

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

MELBOURNE

FL 32934

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..

Bhavani Puskur

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2010 APR 20 PM 12:24
CLERK OF STATE
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:

MGRM

DR.BHAVANI PUSKUR

1185 TALON WAY

MELBOURNE, FL 32934

MGRM

VENKAT PUSKUR

1185 TALON WAY

MELBOURNE, FL 32934

(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:

Bhavani 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.)

DR. BHAVANI 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)

FILED
2010 APR 20 PM 12:24
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA