

06/04/2010 16:41
Division of Corporations

8634655251

SHEEHAN & CELAYA, P.A.

PAGE 01

Page 1 of 1

L10000060179

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H100001301223)))



H100001301223ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHEEHAN & CELAYA, P.A.
Account Number : I20080000087
Phone : (863) 465-1551
Fax Number : (863) 465-5251

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
10 JUN -4 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
MEDICAL WAY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H10000130122 3)))

10 JUN -4 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
MEDICAL WAY, L.L.C.**

The undersigned certifies that he is hereby forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. He further declares that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE I
NAME AND PRINCIPAL PLACE OF BUSINESS**

The name of the limited liability company shall be MEDICAL WAY, L.L.C., and its principal office shall be located at 6325 U.S. Highway 27 North, Suite 201, Sebring, Florida 33870, but it shall have the power and authority to establish branch offices at any other place or places as the member(s) may designate. The mailing address shall be 6325 U.S. Highway 27 North, Suite 201, Sebring, Florida 33870.

**ARTICLE II
PURPOSES AND POWERS**

The limited liability company is authorized to engage in any activity or business authorized under the Florida Statutes and specifically without limiting the generality of the foregoing the limited liability company is authorized to own and mortgage real property.

**ARTICLE III
MANAGEMENT**

Management of this limited liability company shall be by managing member(s).

**ARTICLE IV
DURATION**

This limited liability company shall exist perpetually from the date of the filing of these Articles with the Florida Secretary of State, or until

(((H10000130122 3)))

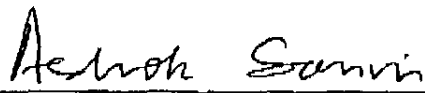
dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

ARTICLE V
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is 6325 U.S. Highway 27 North, Suite 201, Sebring, Florida 33870, and the name of the company's initial registered agent at that address is ASHOK SONNI, M.D.

The undersigned, being the managing member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of MEDICAL WAY, L.L.C.

Executed by the undersigned at Lake Placid, Florida, on this 4th day of June, 2010.

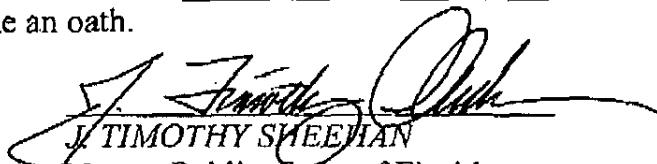


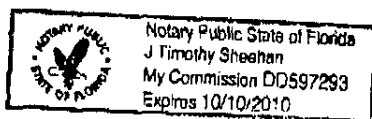
ASHOK SONNI, M.D.

STATE OF FLORIDA
COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me this 4th day of June, 2010, by ASHOK SONNI, MD., who is ☒ personally known to me, or who has ☐ produced his _____ as identification and who did not take an oath.

(Affix Seal)


J. TIMOTHY SHEEHAN
Notary Public, State of Florida
My Commission Expires:

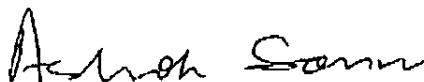


(((H10000130122 3)))

(((H10000130122 3)))

STATEMENT

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, Florida Statutes.



ASHOK SONNI, M.D., Registered Agent

FILED

10 JUN -4 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H10000130122 3)))