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.

(((H10000214741 3)))



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

: DANIEL HICKS, P.A.

Account Number: 075061003325

: (352)351-3353

Fax Number

: (352)351-8054

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

#### FLORIDA LIMITED LIABILITY CO. SVBK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:18506176383

09/30/2010 08:29

#056 P.002/005

((( H10000214741 3 )))

#### ARTICLES OF ORGANIZATION OF SVBK, LLC.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

#### ARTICLE I NAME

The name of the limited liability company shall be SVBK, LLC. ("Company"). The principal place of business of the Company in Florida shall be 3550 SW 26th Avenue, Ocala, Florida 34471.

#### ARTICLE II DURATION

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company's existence shall be perpetual the Company is earlier dissolved as provided in these Articles of Organization or the laws of Florida.

### ARTICLE III PURPOSES AND POWERS

The general purpose for which the Company is organized is to conduct any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

## ARTICLE IV REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Bala Krishnan, MD, 3550 SW 26<sup>th</sup> Avenue, Ocala FL 34471.

### ARTICLE V CAPITAL CONTRIBUTIONS

The Members of the Company shall contribute to the capital of the Company the cash or property set forth as follows:

<u>NAME</u>

CAPITAL CONTRIBUTION/ %

Membership Units

(((H10000214741 3 )))

From:Daniel Hicks P.A. To:18506176383 09/30/2010 08:29 #056 P.003/005

((( H10000214741 3 )))

1.	Bala Krishnan, MD,	\$1,000.00	50%	50 Units
	and Devikarani B. Krishnan,	Husband and Wife,	as joint tenants v	vith full rights of
	survivorship			

2. Nisha B. Krishnan \$ 500.00 50% 25 Units

3. Sabaresh V. Krishnan \$ 500.00 50% 25 Units

#### ARTICLE VI ADDITIONAL CAPITAL CONTRIBUTIONS

Each Member shall make additional capital contributions to the Company as such fines and in such amounts as may be provided in the regulations adopted by the Members or, in the other constructions are the company as such fines and in such amounts as may be provided in the regulations adopted by the Members or, in the other constructions are the company as such fines and in such amounts as may be provided in the regulations adopted by the Members or, in the other company as such fines and in such amounts as may be provided in the regulations adopted by the Members or, in the other company as such fines and in such amounts as may be provided in the regulations adopted by the Members or, in the other company as such fines and in such amounts as may be provided in the regulations adopted by the Members or, in the other company as such fines and other company and other company as such fines and other company as such f

# ARTICLE VII ADMISSION OF NEW MEMBERS (TRANSFERABILITY OF INTERESTS)

No additional Members shall be admitted to the Company except with the unanimous written consent of all the Members of the Company and upon such terms and conditions as Shall we determined by all the Members. A Member may transfer his or her interest in the Company as set forth in the regulations of the Company, but transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

### ARTICLE VIII TERMINATION OF EXISTENCE (CONTINUITY OF LIFE)

The company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or Manager, or upon the occurrence of any other event that terminates the continued membership of a Member of the Company, unless the business of the Company is continued by the consent of a majority in interest of the remaining Members, provided there are at least two (2) remaining Members.

### ARTICLE IX MANAGEMENT (MANAGEMENT BY MANAGER)

The Company shall be managed by a Manager or Managers in accordance with regulations adopted by the Members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The Company shall initially have one (1) Manager. The Manager shall sign any and all documents on behalf of the Company, including but no limited to documents to sell and convey, to borrow money and to grant a security

((( H10000214741 3 )))

interest in assets of the Company. The Manager may also have an officer designation. The name and address of the initial Manager of the Company is:

NAME

**DESIGNATION** 

<u>ADDRESS</u>

Bala Krishnan, MD

Manager

3550 SW 26th Avenue Ocala Florida 34471

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes, this day of September, 2010.

Bala Krishnan, MD, Organizer

STATE OF FLORIDA COUNTY OF MARION

Before me, personally appeared, Bala Krishnan, MD, to me well known and known to me to be the person described in and who executed the foregoing Articles of Organization and acknowledged to and before me that he executed said instrument for the purposes therein expressed, and that he is personally known to me or produced \_\_\_\_\_\_ as identification.

WITNESS my hand and official seal this \_\_\_\_\_\_\_ day of September, 2010.

NOTARY PUBLIC-STATE OF FLORIDA
Tina Desmond
Commission #DD999455
Expine: FEB. 18, 2014
BONDED THRU ATLA FIC BONDING CO, INC.

Notary Public

From: Daniel Hicks P.A.

To:18506176383

09/30/2010 08:30

#056 P.005/005

((( H10000214741 3 )))

#### **ACCEPTANCE BY REGISTERED AGENT**

I, the undersigned person, having been named as registered agent and to accept services of process for the above-stated limited liability company at the place designated in this statement, 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 obligation of my position as registered agent

BALA KRISHNAN, MD

Dated this 29 day of September, 2010.

((( H10000214741 3 )))