

L 1100000 56775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

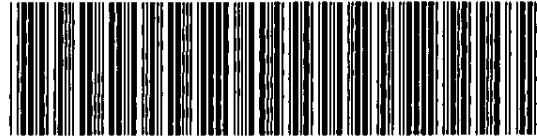
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAY 13 2011

EXAMINER



800207368828

05/13/11--01002--007 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 MAY 13 AM 10:19
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 13 AM 11:04

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 11 11:04

WALK IN

PICK UP:

5/13 Emily

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

LLC

1.

Florida Neurology + Epilepsy Specialist, PL
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
OF
FLORIDA NEUROLOGY & EPILEPSY SPECIALIST, PL**

The undersigned, who is a duly licensed doctor of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 MAY 13 AM 11:04

FIRST: The name of the Limited Liability Company is **FLORIDA NEUROLOGY & EPILEPSY SPECIALIST, PL**.

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 8802 Phillips Bay Drive, Orlando, FL 32836.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 8802 Phillips Bay Drive, Orlando, FL 32836 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Umesh K. Sharma.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Umesh K. Sharma (MGRM)
8802 Phillips Bay Drive
Orlando, FL 32836

FIFTH: The Limited Liability Company is to be managed by the Manager Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on May 12, 2011.


Umesh K. Sharma

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for **FLORIDA NEUROLOGY & EPILEPSY SPECIALIST, PL.**, hereby voluntarily consent to serve as Registered Agent for **FLORIDA NEUROLOGY & EPILEPSY SPECIALIST, PL.**

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: May 12, 2011, 2011

A handwritten signature in black ink, appearing to read 'Umesh K. Sharma', written over a horizontal line.

Umesh K. Sharma