

L12000086399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

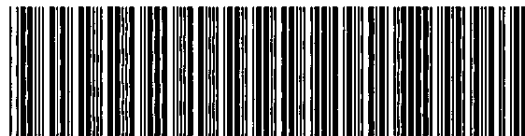
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EFFECTIVE DATE

07/01/12



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06/25/12--01040--009 \*\*160.00

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12 JUN 25 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 02 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TITAN ANESTHESIA "L.L.C.",  
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:

PETER NICHOLAS VLHAKIS

Name of Person

TITAN ANESTHESIA "L.L.C.",

Firm/Company

512 EVENTIDE DR.

Address

GULF BREEZE, FLORIDA, 32561

City/State and Zip Code

vlhakis435@gmail.com

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

For further information concerning this matter, please call:

PETER NICHOLAS VLAHAKIS

Name of Person

at ( 318 )

7594838

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**TITAN ANESTHESIA "L.L.C.,"**

(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:**

512 EVENTIDE DR.

GULF BREEZE

FLORIDA 32561

**Mailing Address:**

512 EVENTIDE DR.

GULF BREEZE

FLORIDA 32561

**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:

**PETER NICHOLAS VLAHAKIS**

Name

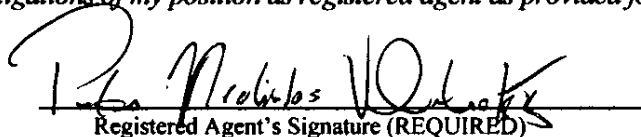
**512 EVENTIDE DR.**

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

**GULF BREEZE, FL 32561**

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MGR

PETER NICHOLAS VLAHAKIS

512 EVENTIDE DR.

GULF BREEZE, FLORIDA, 32561

MGRM

LINDSAY B. VLAHAKIS

512 EVENTIDE DR.

GULF BREEZE, FLORIDA, 32561

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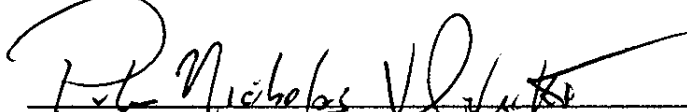
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1st 2012 (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:**



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**PETER NICHOLAS VLAHAKIS**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

**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)**