

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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B. BOSTICK
SEP 17 2012
EXAMINER

# **COVER LETTER**

Division of Corporations		
SUBJECT: Shiraz Radiology	1 C	
	ted Liability Company	<del></del>
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this mat	-	
Ladan Lamea MD		
Ladaii Lainea . (5	Name of Person	
Shiraz Radiology LL	_C	
	Firm/Company	
P.o.box 880493		
	Address	
Boca Raton, Fl 33488	· · · · · · · · · · · · · · · · · · ·	:1.
	ty/State and Zip Code	- <del>1</del> 3
llameamd@gmail.com	:	SEP
E-mail address: (to be used	for future annual report notification)	•.
For further information concerning this matter, pleas	e call:	14 PM 3: 35
Ladan Lamea	at ( <b>561</b> ) 350-0015	့် ယု
Name of Person	Area Code & Daytime Telephone Number	<b>3</b>
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filin Certified Copy (additional copy is enclosed)  Certified Cop (additional copy	Status & y
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	
TAREL.		•

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shiraz Radio		C'_ mited Liability Company, "L.L.C.,"	"or"LC"	
ARTICLE II - Ad	dress:	of the principal office of t		pany is:
Principal Office A	ddress:	Mailing Addre	ess:	
6 NW 12th Ave Miami , fl 33136		P.O.Box# 8804 Boca Raton, F		
(The Limited Liability Cobusiness entity with an a	unpany cannot serve as its ctive Florida registration.  Porida street addres  Ladam  20474	ss of the registered agent a  Lamla  Name  Via Mansa  a street address (P.O. Box NO)	designate an individual or another re:	
		City, State, and Zip		
liability compa	ty at the place desig	nt and to accept service of p nated in this certificate, I h is capacity. I further agree	ereby accept the appointm	ent as

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## •ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM		Ladan Lamea
		P.O.Box#880493
		Boca Raton, Fl 33488
	<del></del>	also: 20474 Via Marise Boca Raton, 21 339
		773
(TT 1		# 1 m
(Use attachmer	it if necessary)	1
LF V. Effectiv	e date if other than the	date of filing: (OPTION

### **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.)

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)



May 15, 2012

LADAN LAMEA POST OFFICE BOX 880493 BOCA RATON, FL 33488

SUBJECT: SHIRAZ RADIOLOGY LLC

Ref. Number: W12000027026

We have received your document for SHIRAZ RADIOLOGY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Letter Number: 012A00014426

Barbara Bostick Regulatory Specialist II

www.sunbiz.org