

L12000138524

(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

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NOV - 5 2012

EXAMINER



100240480751

10/15/12--01036--002 **78.75

11/05/12--01002--022 **46.25

FILED
12 OCT 29 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-52951
505



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2012

CLIFFORD G O'CONNOR
3100 NW 83 TERR
MIAMI, FL 33147

SUBJECT: PODIATRY ASSOCIATES OF MIAMI GARDENS LLC
Ref. Number: W12000052951

FILED
12 OCT 29 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PODIATRY ASSOCIATES OF MIAMI GARDENS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

LLC can not be contained in a corporate name.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 712A00025439

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
12 OCT 29 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Podiatry Associates of Miami Gardens LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Clifford G O'Connor
Name (Printed or typed)

3100 NW 83 Terrace
Address

Miami, FL 33147
City, State & Zip

9545889525
Daytime Telephone number

Oconnorcliff@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Podiatry Associates of Miami Gardens, LLC
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:

Clifford G O'Connor, DPM
Name of Person
Podiatry Associates of Miami Gardens, LLC
Firm/Company
3100 NW 83 ter Miami, FL 33147
Address
Miami, FL 33147
City/State and Zip Code
oconnorcliff@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford G O'Connor at 954, 588-9525
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Podiatry Associates of Miami Gardens,
(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:

3100 NW 83 terrace
Miami, FL 33147

Mailing Address:

3100 NW 83 terrace
Miami, FL 33147

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:

Clifford G O'Connor, DPM
Name

3100 NW 83 terrace
Florida street address (P.O. Box **NOT** acceptable)
Miami, FL 33147
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)

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

President

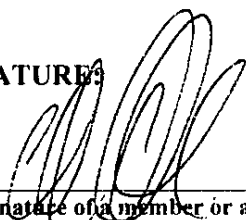
Name and Address:

Clifford G O'Connor
3100 NW 83 terrace
Miami, FL 33147

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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 SIGNATURES



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.)

Clifford G O'Connor

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)