

# L12000149344

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

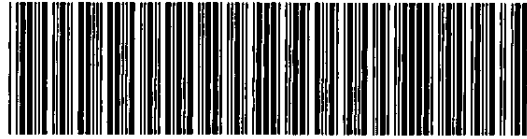
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS  
2012 NOV 28 AM 11:15

C. LEWIS  
NOV 29 2012  
EXAMINER

**VELO ANESTHESIA, LLC  
3025 SALERNO WAY  
DELRAY BEACH, FL 33445**

November 7, 2012

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

I registered my business online as a limited liability company under the name VELO ANESTHESIA, LLC.

I did not receive any notifications for the filing of the annual reports.

I have no intention of reinstating the old limited liability company filed under number L10000056236.

I am attaching the new Articles of Organization effectively immediately, along with a check for \$125.00

Should you have any questions, please do not hesitate to contact me.

Sincerely,

William Sabatini

A handwritten signature in black ink, appearing to read "William Sabatini", with a stylized flourish at the end.

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VELO ANESTHESIA, 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:

WILLIAM SABATINI  
Name of Person

VELO ANESTHESIA, LLC  
Firm/Company

3025 SALERNO WAY  
Address

DELRAY BEACH, FL 33445  
City/State and Zip Code

WILLSABATINI@VERIZON.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM SABATINI at (407) 234-2762  
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:

VELO ANESTHESIA, LLC

(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:**

3025 SALERNO WAY  
DELRAY BEACH, FL 33445

**Mailing Address:**

3025 SALERNO WAY  
DELRAY BEACH, FL 33445

**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:

WILLIAM SABATINI  
Name

3025 SALERNO WAY  
Florida street address (P.O. Box **NOT** acceptable)

DELRAY BEACH FL 33445  
City, State, and Zip

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DIVISION OF CORPORATIONS  
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*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..*

X William Sabatini  
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:

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

WILLIAM SABATINI  
3025 SALERNO WAY  
DELRAY BEACH, FL 33445

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(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 SIGNATURE:**

X William Sabatini

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.)

WILLIAM SABATINI

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)