

L12000159595

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

A. LUNT

DEC 21 2012

EXAMINER

W12-56735

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CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2012

SHERIEF KAMEL, M.D.
155 CRYSTAL BEACH DRIVE 1-B
DESTIN, FL 32541-3527

SUBJECT: THE DIABETES AND ENDOCRINE CLINIC, P.L.L.C.
Ref. Number: W12000056735

We have received your document for THE DIABETES AND ENDOCRINE CLINIC, P.L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 412A00027187

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FLORIDA
CLERK OF THE
COURT

DIABETES THYROID AND ENDOCRINE CLINIC

DR SHERIEF M. KAMEL, MD FACE ECNU

ASHLI BROOKS, ARNP

410 WEST 19TH ST.

PANAMA CITY, FL 32405

PHONE: 850-522-5490 FAX: 850-522-5491

RECEIVED
12 DEC 14 AM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX COVER SHEET

TO: Agnes Hunt FROM: Renee Diabetes and Endocrine Clinic PLLC

FAX: (850) 245-6030 PAGES: 8

PHONE#: _____ DATE: 12-13-12

RE: Division Corporations Application FROM: Dr. Sherief M. Kamel

THIS FAX MAY CONTAIN CONFIDENTIAL AND PRIVILEGED INFORMATION FOR THE SOLE USE OF THE INTENDED RECIPIENT, ANY REVIEW, USE, DISTRIBUTION, OR DISCLOSURE BY OTHERS IS STRICTLY PROHIBITED. IF YOU ARE NOT THE INTENDED RECIPIENT (OR AUTHORIZATION TO RECEIVE INFORMATION FOR THE INTENDED RECIPIENT), PLEASE CONTACT THE SENDER BY REPLY AND DESTROY ALL COPIES OF THIS MESSAGES, THANK YOU

PLEASE INDICATE BY CHECKING THE LINE. BELOW AND FAX THIS COVER SHEET TO THE SENDER IMMEDIATELY. _____ I HAVE RECEIVED THIS TRANSMISSION IN ERROR MY PHONE # IS _____

COMMENTS:

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE DIABETES AND ENDOCRINE CLINIC, P.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:

SHERIEF KAMEL, M.D.

Name of Person

THE DIABETES AND ENDOCRINE CLINIC

Firm/Company

155 CRYSTAL BEACH DRIVE Suite 123

Address

DESTIN, FL 32541-3527

City/State and Zip Code

sheriefkamel@yahoo.com

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

For further information concerning this matter, please call:

BILL FETKE

Name of Person

at (850) 455-7191

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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2012 DEC 20 PM 4:01
CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE DIABETES AND ENDOCRINE CLINIC, P.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:155 CRYSTAL BEACH DR *Suite 123*
DESTIN, FL 32541-3527**Mailing Address:**SAME *155 Crystal Beach Dr. Suite 123*
*Destin, Fl 32541-3527***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:

BILL FETKE

Name

6866 PINE FOREST RD STE AFlorida street address (P.O. Box **NOT** acceptable)PENSACOLA FL 32526

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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)

2012 DEC 20 PM 4:01
FILED
CLERK OF DISTRICT COURT
JANUARY 2013
TALLAHASSEE, FLORIDA

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

SHERIEF KAMEL

155 CRYSTAL BEACH DR DESTIN, FL 32541

155 Crystal Beach Dr. Suite 123
Destin, FL 32541SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2812 DEC 20 PM 4:01

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan (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.)

SHERIEF KAMEL, M.D.

Typed or printed name of signer

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)

* purpose of office : medical office