

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407) 900-5054
Fax Number : (407) 517-4931

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUN -3 AM 8:42

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

Office@gulatilaw.com

**FLORIDA LIMITED LIABILITY CO.
SSV PROFESSIONAL COMPLEX, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

13 JUN -3 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUN 4 2013

(850) 245-6051.

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: SSV PROFESSIONAL COMPLEX, 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:

SARAH GULATI, ESQ

Name of Person

GULATI LAW, P.L.

Firm/Company

409 MONTGOMERY ROAD, UNIT 131

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

OFFICE@GULATILAW.COM

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

For further information concerning this matter, please call:

SARAH GULATI, ESQ at **407** **900-5054**

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 AddressRegistration 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 323012013 JUN -3 AM 8:42
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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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:MGRM
Vishnu P. Reddy, MD
11253 Bridgehouse Rd.
Windermere, FL 34786
MGRM
Vijitha Reddy, MD
11253 Bridgehouse Rd.
Windermere, FL 34786

(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:

 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.817.135, F.S.)

Vishnu P. Reddy, MD
 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)

 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

The name of the Limited Liability Company is:

SSV PROFESSIONAL COMPLEX, 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:11253 BRIDGEHOUSE ROAD,
WINDEMERE, FL 34786**Mailing Address:**11253 BRIDGEHOUSE ROAD,
WINDEMERE, FL 34786**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:

GULATI LAW, P.L.

Name

409 MONTGOMERY ROAD, UNIT 131Florida street address (P.O. Box **NOT** acceptable)ALTAMONTE SPRINGS FL 32714

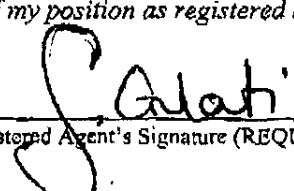
City, State, and Zip

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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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)