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**COVER LETTER**

**To: Registration Section**

**Division of Corporations**

**SUBJECT: SABBAH CARDIOVASCULAR SERVICES, PLLC**

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Person: DR. RONNIE SABBAH

Firm/Company: SABBAH CARDIOVASCULAR SERVICES, PLLC

Address: 114 GREENTREE LANE

City/State and Zip Code: YALAHA, FLORIDA 34797

E-mail address: (to be used for future annual report notification): ARS727@COMCAST.NET

For further information concerning this matter, please call: **Law Office of Sami J Sahab at (352) 430-7046**

Enclosed is a check for the following amount:

**\$160.00 Filing Fee, Certificate of Status and Certified Copy**

Mailing Address:

**Registration Section**

**Division of Corporations**

**P.O. Box 6327 Tallahassee, FL 32314**

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TALLAHASSEE, FL 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

The name of the Professional Limited Liability Company is: **SABBAH CARDIOVASCULAR  
SERVICES, PLLC**

**ARTICLE II**

The mailing address and street address of the principal office of the Professional Limited Liability  
Company is:

114 GREENTREE LANE

YALAH, FL 34797

**ARTICLE III**

The name and the Florida street address of the registered agent are:

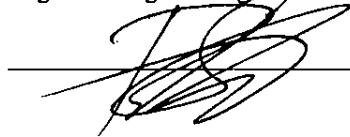
RONNIE SABBAH

114 GREENTREE LANE

YALAH, FL 34797

*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 605, F.S..*

Registered Agent's Signature:



\_\_\_\_\_  
RONNIE SABBAH

**ARTICLE IV**

The name and address of each person authorized to manage and control the Professional Limited Liability  
Company:

Title: MGR

RONNIE SABBAH

114 GREENTREE LANE

YALAH, FL 34797

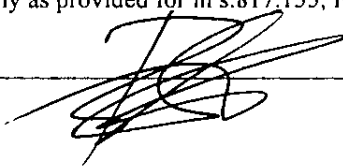
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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)



\_\_\_\_\_  
RONNIE SABBAH

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