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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS ZAVORAL MD & ASSOCIATES, 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:

THOMAS ZAVORAL
Name of Person
THOMAS ZAVORAL MD & ASSOCIATES, LLC
Firm/Company
2533 SHADOWRIDGE CT
Address
GULF BREEZE, FL 32563
City/State and Zip Code
TZAVORAL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS ZAVORAL at (850) 377-3456
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

Thomas Zavoral MD & Associates, LLC
Articles of Incorporation

Article I – Name

The name of the Limited Liability Company is Thomas Zavoral MD & Associates, LLC.

Article II – Address

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

2533 Shadowridge Ct.
Gulf Breeze, FL 32563

Article III – Registered Agent

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

Thomas Zavoral
2533 Shadowridge Ct.
Gulf Breeze, FL 32563

Registered Agent's Declaration:

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, Fla. Stat.


Thomas Zavoral MD

Article IV – Purpose

The purpose for which this Limited Liability Company is organized is any and all lawful business.

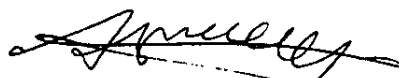
Article V – Managers

The name and address of each person authorized to manage and control Limited Liability Company is as follows:

Thomas Zavoral
2533 Shadowridge Ct.
Gulf Breeze, FL 32563
Manager

Authorized Representative's Declaration:

I am the manager and affirm 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 § 817.155, Fla. Stat.


Thomas Zavoral MD
Manager, Thomas Zavoral MD & Associates, LLC