

L14000067796

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 : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Allied Scripts U.S.A LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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14 APR 25 AM 8:17

TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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APR 28 2013

T. HAMPTON

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allied Scripts U.S.A 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:

Cheyenne Moseley

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway, Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheyenne Moseley at 323 962-8600 ext. 7625
(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

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

The name of the Limited Liability Company is:

Allied Scripts U.S.A 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:**Mailing Address:**6833 Medical View Ln.Zephyrhills, FL 33542**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:

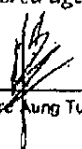
Aung Tun

Name

6833 Medical View Ln.Florida street address (P.O. Box **NOT** acceptable)Zephyrhills, FL 33542

City, State, and Zip

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 Aung Tun

(CONTINUED)

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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

Aung Tun, M.D.

18142 Longwater Run Dr.

Hillsborough, FL 33647

MGRM

Michael Fortunato

19425 Weymouth Dr.

Land O Lakes, FL 34838

MGRM

Alan Brenla

37550 Sky Ridge Circle

Dade City, FL 33525

MGRM

Moethu Win, M.D.

18123 Longwater Run Dr.

Tampa, FL 33647

(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.)

Cheyenne Mosley, Legalzoom.com, Inc.

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)

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Attachment to
Articles of Organization for
Allied Scripts U.S.A LLC

Additional members of the Limited Liability Company are:

<u>Name of Member</u>	<u>Address</u>
Ghazanfar Khadiri, M.D.	10549 Martinique Isle Dr., Tampa FL 33647
Zaw Aung	37-20, 20 Ave., Astoria, NY 11105
Monien Win Thint	701 Thronwood Dr., Friendswood, TX 77546

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