L14000076416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

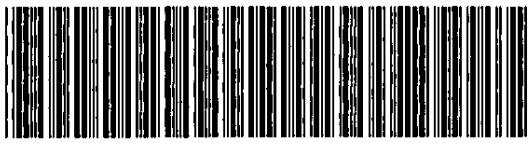
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 04/28/14



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TALLAHASSEE FLORIDA

MAY 12 2014

D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MyUrifemme, 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:

Shamal Naokarni, MD
Name of Person

My Urifeeme, LLC
Firm/Company

2904 SW 132nd Terrace
Address

Archer, FL 32618
City/State and Zip Code

sdn4uf2005@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Thomas Hopkins at (407) 927-7497
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

My Urifemme, 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:
2904 SW 132nd Terrace
Archer, FL 32618

Mailing Address:
2904 SW 132nd Terrace
Archer, FL 32618

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:

Dr. Shamal Naikarni
Name

1026 SW 2nd Ave, Suite D
Florida street address (P.O. Box **NOT** acceptable)

Gainesville FL 32601
City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

EFFECTIVE DATE 04/28/14

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR (26.66%)	Atul Nadkarni, DMD Pharm D 1059 Misty Hollow Lane Tarpon Springs, FL 34688
MGR (26.66%)	Shamal Nadkarni, MD 2904 SW 132nd Terrace Archer, FL 32618
MGR (26.66%)	Thomas A. Hopkins 14771 Baltusrol Dr Orlando, FL 32828
AMBR (10%)	John Abernathy, MD 1026 SW 2nd Ave, Suite A Gainesville, FL 32601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/28/14. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Thomas A Hop

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.)

THOMAS A. HOPKINS
Typed or printed name of signee

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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TALLAHASSEE FLORIDA

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
AMBR (101)	Kevin Chase 4767 Ridgemoor Circle Palm Harbor, FL 34685

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/28/14 . (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Thomas A Hopkins

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.)

THOMAS A. HOPKINS
Typed or printed name of signee

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