

L140 00092129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

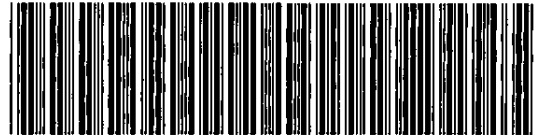
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000259536880

05/19/14--01037--008 **155.00

FILED
14 JUN -3 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1124



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

HENRY R DOWD, EA
23110 STATE RD 54 #317
LUTZ, FL 33549

SUBJECT: RAMI M. AKEL M.D., PLLC.
Ref. Number: W14000032913

We have received your document for RAMI M. AKEL M.D., PLLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00011357

ACCOUNTING AND TAX SERVICES

HENRY R. DOWD, E.A.

23110 STATE ROAD 54, #317
LUTZ, FLORIDA 33549

PHONE: 813.435.3491

FAX: 813.996.5538

E-MAIL: hrdowd@henrydowd.com

May 14, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: ARTICLES OF ORGANIZATION FOR
RAMI M. AKEL M.D. PLLC**

Gentlemen

Please find enclosed Articles of Organization and \$155.00 filing fee for Limited Liability Company:

RAMI M. AKEL M.D. PLLC.

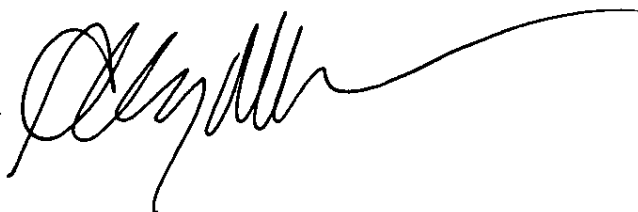
Also enclosed are the following:

- 1.) Copy of Medical License of Member Rami M Akel M.D., who is a medical doctor and hereby forms his Professional Limited Liability Company.
- 2.) Cover Letter, transmittal letter, with my contact information.
- 3.) Two signed copies of Articles of Organization. Original and One copy to be returned certified.

In addition to the \$125.00 filing fee, also included is the \$30.00 for the Certified Copy which is enclosed.

Please return certified copy to the following address:

Henry R Dowd EA
23110 STATE ROAD 54
BOX 317
LUTZ, FLORIDA 33549



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAMI M. AKEL M.D. PLLC

(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:

3526 BALLASTONE DR
LAND O LAKES, FL 34638-8067

3626 BALLASTONE DR
LAND O LAKES, FL 34638-8067

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:

RAMI M. AKEL M.D.

Name

3626 BALLASTONE DR

Florida street address (P.O. Box NOT acceptable)

LAND O LAKES

City

FL 34638-8067

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)

(CONTINUED)

Page 1 of 2

FILED
14 JUN -3 PM 2:17
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

MGR

Name and Address:

RAMI M. AKEL M.D.

3526 BALLASTONE DR

LAND O LAKES, FL 34638-8067

(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.)

ARTICLE VI: Other provisions, if any

THE SPECIFIC PURPOSE FOR WHICH THIS PLLC IS ORGANIZED
IS FOR THE PRACTICE OF MEDICINE BY LICENSED MEDICAL
DOCTOR.

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.)

RAMI M. AKEL M.D.

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)