

#L 14000092294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

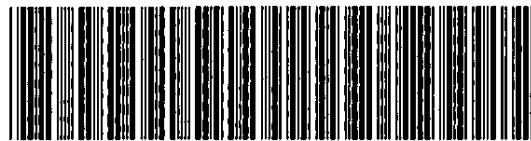
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JUN -2 PM 3:52

FILED

K. SALLY  
EXAMINER

JUN - 9 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMERE PROPERTIES, 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:

RIZWANA THANAWALA, MD  
Name of Person

LAKE CITY SURGERY CENTER, LLC  
Firm/Company

404 NW HALL OF FAME DRIVE  
Address

LAKE CITY, FL. 32055  
City/State and Zip Code

KBRRZ@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RIZWANA THANAWALA at ( 386 ) 487-3930  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

AMERE PROPERTIES, 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:

404 NW HALL OF FAME DRIVE  
LAKE CITY, FL. 32055

404 NW HALL OF FAME DRIVE  
LAKE CITY, FL. 32055

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:

RIZWANA THANAWALA, MD

Name

404 NW HALL OF FAME DRIVE

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

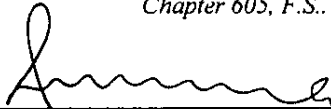
LAKE CITY

City

FL 32055

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)

FILED  
2014 JUN -2 PM 3:52  
CLERK OF THE COURT  
HALL OF RECORDS  
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

AMBR

**Name and Address:**

RIZWANA THANAWALA, MD

6614 NW 50TH LANE

GAINESVILLE, FL. 32653

MGR

ADIL KABEER, MD

6614 NW 50TH LANE

GAINESVILLE, FL. 32653

MGR

MITCHELL DUTERTE

888 NW ZACK DRIVE

LAKE CITY, FL. 32055

MGR

ERIC ORDINARIO, DO

183 SW WINDSOR HILL GLEN

LAKE CITY, FL. 32024

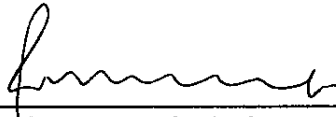
(Use attachment if necessary) *see attached*

**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.

**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.)

Rizwana Thanawala, MD

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)

# Attachment

## 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:

EDUARDO BEDOYA, MD

4206 NW WISTERIA DRIVE

LAKE CITY, FL. 32055

(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.

## 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.

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\_\_\_\_\_  
Typed or printed name of signee

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