

L14000096739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

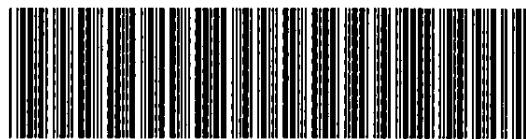
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 16 6:11:03
TALLAHASSEE, FLORIDA

J. Shivers JUN 17 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2014

ABU AZIZULLAH
8550 NE 138TH LANE #800
LADY LAKE, FL 32159

SUBJECT: APEX HEALTH CARE ALLIANCE, LLC
Ref. Number: W14000033409

We have received your document for APEX HEALTH CARE ALLIANCE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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: 014A00011544

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APEX HEALTH CARE ALLIANCE, 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:

ABU AZIZULLAH

Name of Person

Firm/Company

8550 NE 138th Lane # 800

Address

LADY LAKE, FL 32159

City/State and Zip Code

azizullahmd@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABU AZIZULLAH

Name of Person

at (352) 250-3060

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:

APEX HEALTH CARE ALLIANCE, 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:

8550 NE 138th Ave, #800
Lady Lake, FL 32159

Mailing Address:

8550 NE 138th Ave, #800
Lady Lake, FL 32159

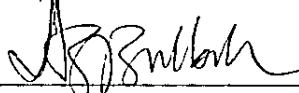
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

ABU AZIZULLAH
Name
8550 NE 138th Ave, #800
Florida street address (P.O. Box **NOT** acceptable)
Lady Lake FL 32159
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)

(CONTINUED)

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

MGR

MGR

Name and Address:

Peter Amos Ankon
1107 West Dixie Avenue
Leesburg, FL 34748

Abu A2izullah
8550 NE 138th Avenue, # 800
Lady Lake, FL 32159

Fariborz Delbakhsh
10770 SE 973 Street
Summerville, FL 34491


(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.

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.)

ABU A2IZULLAH

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)