

L15000028735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

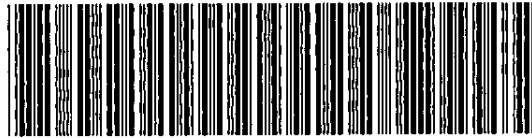
(Business Entity Name)

(Document Number)

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

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300268251633

02/17/15--01002--026 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

15 FEB 17 PM 12:56

NOT PREPARED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED

15 FEB 17 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 17 2015  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Taalibah A. Ahmed, MD, 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:

Taalibah A. Ahmed

Name of Person

Firm/Company

2324 Cumberland Court

Address

Tallahassee, FL 32303

City/State and Zip Code

alsha305@hotmail.com

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

For further information concerning this matter, please call:

Taalibah A. Ahmed at ( 850 ) 322-0970

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:

Taalibah A. Ahmed, MD, 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:

2324 Cumberland Court  
Tallahassee, FL 32303

2324 Cumberland Court  
Tallahassee, FL 32303

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:

Taalibah A. Ahmed

Name

2324 Cumberland Court

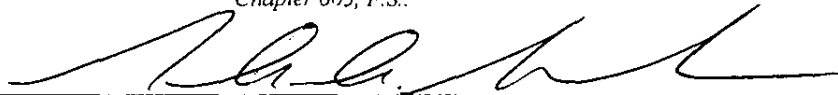
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303

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

~~Taalibah A. Ahmed~~

**Name and Address:**

AMBR

Taalibah A. Ahmed  
2324 Cumberland Court  
Tallahassee, FL 32303

(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.)

Taalibah A. Ahmed, 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 17 PM 1:00

APPROVED  
AND  
FILED