

L15000046184

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Effective Date 3/1/15

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15 MAR -2 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 16 2015

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PREMIER PHYSICIAN ASSOCIATES,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:

VIOLA JACOB  
Name of Person

PREMIER PHYSICIAN ASSOCIATES,LLC  
Firm/Company

13651 HUNTERS OAK DR,SUITE 101  
Address

ORLANDO ,FL 32837  
City/State and Zip Code

Rneeds4@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR STEPHEN NIMBARGI at ( 407 ) 782-3702  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" 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 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

Effective Date 3/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PREMIER PHYSICIAN ASSOCIATES, 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:**

13651 HUNTERS OAK DRIVE, SUITE 101  
ORLANDO, FL 32837

**Mailing Address:**

P.O. BOX 2648  
ORLANDO, FL 32802

**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:

VIOLA JACOB, MD

Name

15725 WILLO PINES LANE

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

MONTVERDE

City

FL 34756

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)

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**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:**

VIOLA JACOB, MD      **AMBR**  
15725 WILLO PINES LANE  
MONTVERDE, FL 34756

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 01, 2015 (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.)

VIOLA JACOB

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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