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J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERNAL MEDICINE ASSOCIATES OF OCALA, PLLC  
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:

DAVID L. MACKAY, ESQ  
Name of Person

DAVID L. MACKAY ATTORNEY, P.A.  
Firm/Company

2801 SW College Rd., STE 9  
Address

OCALA, FL 34474  
City/State and Zip Code

bsinha2241@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L. MACKAY at ( 352 ) 237-3800  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2015

DAVID L MACKAY, ESQ  
DAVID L MACKAY ATTORNEY, PA  
2801 SW COLLEGE RD, STE 9  
OCALA, FL 34474

SUBJECT: INTERNAL MEDICINE ASSOCIATES OF OCALA, PLLC  
Ref. Number: W15000008645

We have received your document for INTERNAL MEDICINE ASSOCIATES OF OCALA, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L12000021121.

Please return 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 215A0000244

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR  
MARION INTERNAL MEDICINE ASSOCIATES, PLLC**

**a  
Florida Professional Limited Liability Company**

**ARTICLE I – NAME**

The name of the Limited Liability Company is **MARION INTERNAL MEDICINE ASSOCIATES, PLLC.**

**ARTICLE II – MAILING ADDRESS and BUSINESS OFFICE ADDRESS**

The Mailing address of this Professional Limited Liability Company is 1805 Southeast Lake Weir Avenue, Ocala, Florida, 34471. The Business Office address of this Professional Limited Liability Company is 1805 Southeast Lake Weir Avenue, Ocala, Florida, 34471.

**ARTICLE III – PURPOSE AND DURATION**

The sole and specific purpose of this professional limited liability company shall be to render professional services as allowed under Chapter 621, Florida Statutes, and such other similar services as may be approved by the Members.

The period of duration for this Professional Limited Liability Company shall be perpetual, subject to earlier dissolution upon the occurrence of any of the following events:

- (a) By the unanimous written agreement of all Members; or
- (b) As otherwise provided by law.
- (c) Notwithstanding the foregoing, so long as this Professional Limited Liability Company has one remaining Member, the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member shall not cause the dissolution of this Limited Liability Company.

**ARTICLE IV – Management**

This Professional Limited Liability Company is to be managed by its Members, with the right to appoint an agent or officer to act on their behalf, as may be allowed in accordance with the provisions of a duly adopted Operating Agreement.

**ARTICLE V – Admission of Additional Members**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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From the date of the formation of this Professional Limited Liability Company, any person or entity qualified under Chapter 621, Florida Statutes, and otherwise acceptable to Members holding the majority of the equity interest of this Professional Limited Liability Company may become a Member in this Company, either by the issuance by the Company of Membership Interests for such consideration as the Members, by such majority vote, shall determine, or as a transferee of a Member's membership interest or any portion thereof.

**ARTICLE VI: REGISTERED AGENT, REGISTERED  
OFFICE AND REGISTERED AGENT'S SIGNATURE**

(The Professional 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:

Bindeshwari Sinha  
1805 SE Lake Weir Avenue  
Florida street address ( P.O. Box NOT acceptable)  
Ocala, Florida 34471

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.

Bindeshwari Sinha  
Bindeshwari Sinha, Registered Agent  
Registered Agent's Signature (REQUIRED)

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization, this 16<sup>th</sup> day of February, 2015.

SUBSCRIBER:

Bindeshwari Sinha  
Bindeshwari Sinha

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