

415000112409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

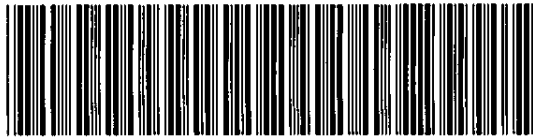
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600274423536

07/06/15--01002--015 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JUL -6 AM 11:34
FILED TO ACKNOWLEDGE
SUPERVISOR OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -6 PM 12:18

JUL 08 2015
T SCHROEDER

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

PETER R. DUMAS, M.D., LLC

Thank you!

- | | | |
|----------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
| Formation | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| New Formation | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/6/2015

ST

Order#:
9612799

Ref#: _____

Amount: \$ _____

PETER R. DUMAS, M.D., P.A.
1215 JACARANDA BLVD.
VENICE, FLORIDA 34292

June 23, 2015

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: *Peter R. Dumas, M.D., LLC*

Dear Sir or Madam:

The undersigned, as President of Peter R. Dumas, M.D., P.A., a Florida professional association, registered under Document Number P94000023661, hereby authorizes use of the name "Peter R. Dumas, M.D., LLC", by a to-be-formed Florida limited liability company filing Articles of Organization in Florida. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

Peter R. Dumas, M.D., P.A.,
a Florida professional association
Document Number P94000023661

By: *Peter R. Dumas, M.D.*
Peter R. Dumas, M.D., President

**ARTICLES OF ORGANIZATION
OF
PETER R. DUMAS, M.D., LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is **PETER R. DUMAS, M.D., LLC** (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is located at 1215 Jacaranda Blvd. Venice, Florida 34292.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Arun Khazanchi, M.D. and the address of the Company's registered office is 10920 Technology Terrace, Lakewood Ranch, Florida 34211.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

Florida Digestive Health Specialists, LLP
10920 Technology Terrace
Lakewood Ranch, Florida 34211

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -6 PM 12: 18

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of **PETER R. DUMAS, M.D., LLC** this 2nd day of July, 2015.

MEMBER:

FLORIDA DIGESTIVE HEALTH SPECIALISTS,
LLP, a Florida limited liability partnership

By: _____

Aruri, Khazanchi, M.D., Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -6 PM 12:18

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **PETER R. DUMAS, M.D., LLC**

2. The name and address of the registered agent and office is: Arun Khazanchi, M.D., 10920 Technology Terrace, Lakewood Ranch, Florida 34211.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.



Arun Khazanchi, M.D.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -6 PM 12: 18