

L15 000141625

(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



700275602947

08/04/15--01027--016 **125.00

FILED

2015 AUG 17 AM 11:36

SECRETARY OF STATE
CLERK

WT 5000053052
8/25/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DR. SYLVIA HARRIS, 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:

SYLVIA HARRIS, MD

Name of Person

Firm/Company

2160 RESERVATION ROAD

Address

GULF BREEZE, FL 32563

City/State and Zip Code

SYKEHARRIS@COMCAST.NET

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

For further information concerning this matter, please call:

SYLVIA HARRIS

517

442-5000

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2015

DR. SYLVIA HARRIS
2160 RESERVATION ROAD
GULF BREEZE, FL 32563

SUBJECT: DR. SYLVIA HARRIS, LLC
Ref. Number: W15000053050

We have received your document for DR. SYLVIA HARRIS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 415A00016602

ARTICLES OF ORGANIZATION
OF
DR. SYLVIA HARRIS, LLC

KNOW ALL MEN BY THESE PRESENTS: that I, Sylvia Harris, desiring to form a Florida Limited Liability Company for the purposes set forth herein, in conformance with Chapter 605, Florida Statutes, do establish:

1. **NAME**

The name of the limited liability company organized pursuant to these Articles of Organization shall be **DR. SYLVIA HARRIS, LLC.**

2. **ADDRESS**

That the mailing address and street address of its principal office is:

2160 Reservation Road, Gulf Breeze, FL 32563

3. **REGISTERED AGENT AND OFFICE**

That the name of its registered agent, whose consent to appointment as registered agent accompanies these articles is **Sylvia Harris, M.D.**, and the address of the registered office is **2160 Reservation Road, Gulf Breeze, FL 32563.**

Having ben named as registered agent and 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.



Sylvia Harris, M.D., Registered Agent

FILED
15 AUG 17 AM 11:36
SECRETARY OF STATE
FLORIDA

4. **MANAGEMENT**

The business of the Company shall be conducted under the exclusive management of its Operating Manager.

The names and the addresses of the initial Operating Manager of the Company is:

AMBR Sylvia Harris, M.D.
2160 Reservation Road
Gulf Breeze, FL 32563

5. **DURATION**

That its period of duration is perpetual.

6. **PURPOSE**

That the purpose for which this limited liability company is organized is to engage in any and all lawful types of business, except banking and insurance.

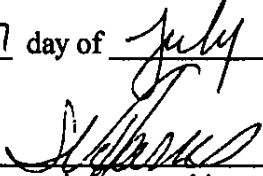
7. **ADMISSION OF ADDITIONAL MEMBERS**

That additional members will be admitted only with a unanimous vote of all members and upon such terms as are agreed to by a majority of its members, unless a member dies, at which time his/her succession representative shall have authority to transfer the deceased member's interest in accordance with the deceased member's wishes by testament or by law if the deceased member dies intestate.

8. **CONTINUITY**

That the remaining members of the limited liability company, by unanimous consent, shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continuing membership of a member in this limited liability company.

Thus executed on this 27 day of July, 2015.


This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SYLVIA HARRIS, M.D.