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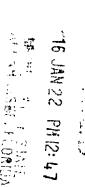
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			

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FEB 9 2018

S. GILBERT

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		NERS LLC mited Liability Company
The enc	closed Articles of Organization and fee(s) a	re submitted for filing.
Please r	eturn all correspondence concerning this m	natter to the following:
÷	John A. K	OVARIK ESO. Name of Person
	John A. K	OVACIKESQ. P.A. Firm/Company
	P.O. Box	3712 Address
		Address 22 1/0
	1EQUES IN	Strußtate and Zin Code
	John A. K	City/State and Zip Code Tohn of Kovarik Law. Coll for future annual report notification)
For furthe	r information concerning this matter, pleas	e call:
-	Name of Person A	561 659-9001 rea Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

ARTICLE I - Name: The name of the Limited Liability Company is: (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: Mailing Address: Mailing Address: 10.600939 Lova Hat chee, Fl. 33470 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: ANAWATH VEDENE MD Name 3347 STATE ROAD 7- SU, HE 203 Florida street address (P.O. Box NOT acceptable) Welling Two FL 33449 City State Zip
taving 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 have designated in this capacity. I have agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I have agree to comply with the provisions of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- The name and address of each person author	ized to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	CHANDLA VENUGOSAL, MP. 3347 STATE ROAD 7 - Suite 203 WellingTON, EL 33449		
MGR MGR	JEAN FOUCAULD, M.D. 3347 STATE ROAD 7-SUITE 203 WELLINGTON, EL 33449		
MGR MGR	AMARNATH Vedere, M.D. 3347 STATE ROAD 7 - Suite 203 Wellington, FL 33449		
MGR	Neeray SHAH M.D. 3347 STATE ROBO 7-Suite 203 Welling TON, FL 33449		
(Use attachment if necessary) SEE ATT	MEHED OR AS GARY ADOTO SISTALE		
RTICLE V: Effective date, if other than the date of fill an effective date is listed, the date must be specificate date of filling.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as		
RTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE: Company, ESR.			
This document is executed in I am aware that any false info	or or an authorized representative of a member. In accordance with section 605,0203 (1) (b), Florida Statutes. In accordance with section 605,0203 (1) (b), Florida Statutes. In accordance with section 605,0203 (1) (b), Florida Statutes. In accordance with section 605,0203 (1) (b), Florida Statutes. In accordance with section 605,0203 (1) (b), Florida Statutes.		
Constitutes a unit degree leic	Dhy A. Ko WACIK (50		
Ty	ped 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)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name Type of Action IEZER HERNANDEZ, WellingTON, FL 33449 Remove MGR Duccio BALDARI, MD 3347 STATE RUAD 7 SUITE 203 Welling TON, FL Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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