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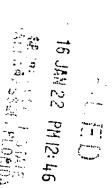
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FEB 9 2018;

S. GILBERT

TO: Registration Section Division of Corporations	
SUBJECT: GGO ALTNERS 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:	
John A. KOVALIK, ESQ.	
John A. Kovacik ESQ. P. A	•
P.O. Box 3712	
TEQUESTA, FL 33469	
City/State and Zip Code Town Kowki KLAw. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
John A. Kovakik at (56) 659-900) 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is	atus &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is: 15 JAN 22 PM 12: 46		
(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:		
Belle GLADE, FL 33430 Longthar 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: The name and the Florida street address of the registered agent are:		
3347 STATE ROAD 7-Suite 203		
Florida street address (P.O. Box NOT acceptable) Welling ton FL 33449		
City State 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)		

Page 1 of 2

ARTICLE IV- The name and address of each person authorize	d to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	CHANDRA VENUGOPAL, MP. 3347 STATE ROAD 7-SUITE 203 WELLINGTON, EL 33449
MGR	JEAN FOUCAULD, M.D. 3347 STATE ROAD 7-SUITE 203 WELLINGTON, EL 33449
MGR	AMARNATH Vedere, M.D. 3347 STATE ROAD 7 - Suite 203 Wellington, FL 33449
MGR	NEERAY SHAH M.D. 3347 STATE ROAD 7-50 IR 203 Welling TON, FL 33 449
(Use attachment if necessary) SEE ATTA	EARLI EST
ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific a the date of filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is executed in a I am aware that any false inform	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.
J0/	A. Ko MIK, Esta, and 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

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