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S. GILBERT  
TALLAHASSEE, FLORIDA

FEB 9 2016

S. GILBERT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

GGO PARTNERS, 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. KOVARIK, ESQ.

Name of Person

John A. KOVARIK, ESQ. P.A.

Firm/Company

P.O. Box 3712

Address

TEQUESTA, FL 33469

City/State and Zip Code

John A. KOVARIK@LAW.COM

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

For further information concerning this matter, please call:

John A. KOVARIK at (561) 659-9001

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GGO PARTNERS LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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STATE OF FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1200 SOUTH MAIN Street  
Belle Glade, FL 33430

Mailing Address:

P.O. Box 939  
Loxahatchee, 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:

AMARWATH Vedene, M.D.  
Name  
3347 STATE ROAD 7-Suite 203  
Florida street address (P.O. Box **NOT** acceptable)  
Wellington, 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..

VA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

\_\_\_\_\_ MGR

\_\_\_\_\_ MGR

\_\_\_\_\_ MGR

\_\_\_\_\_ MGR

**Name and Address:**

CHANDRA VENUGOPAL, M.D.  
3347 STATE ROAD 7-Suite 203  
Wellington, FL 33449

JEAN FOUCAULD, M.D.  
3347 STATE ROAD 7-Suite 203  
Wellington, FL 33449

AMARNATH VEDERE, M.D.  
3347 STATE ROAD 7-Suite 203  
Wellington, FL 33449

NEERAY SHAH, M.D.  
3347 STATE ROAD 7-Suite 203  
Wellington, FL 33449

(Use attachment if necessary) SEE ATTACHED

ARTICLE V: Effective date, if other than the date of filing: 1/1/2016 OR ~~SOONEST~~ EARLIEST DATE (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
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.

John A. Komarik, Esq.  
\_\_\_\_\_  
Typed 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

| <u>Title</u> | <u>Name</u>            | <u>Address</u>       | <u>Type of Action</u>           |
|--------------|------------------------|----------------------|---------------------------------|
| MGR          | ELIEZER HERNANDEZ, MD. | 3347 STATE ROAD 7    | <input type="checkbox"/> Add    |
|              |                        | Wellington, FL 33449 | <input type="checkbox"/> Remove |
|              |                        |                      | <input type="checkbox"/> Change |
| MGR          | Duccio BALDARI, MD     | 3347 STATE ROAD 7    | <input type="checkbox"/> Add    |
|              |                        | Wellington, FL       | <input type="checkbox"/> Remove |
|              |                        |                      | <input type="checkbox"/> Change |
|              |                        |                      | <input type="checkbox"/> Add    |
|              |                        |                      | <input type="checkbox"/> Remove |
|              |                        |                      | <input type="checkbox"/> Change |
|              |                        |                      | <input type="checkbox"/> Add    |
|              |                        |                      | <input type="checkbox"/> Remove |
|              |                        |                      | <input type="checkbox"/> Change |
|              |                        |                      | <input type="checkbox"/> Add    |
|              |                        |                      | <input type="checkbox"/> Remove |
|              |                        |                      | <input type="checkbox"/> Change |