

L 16000110308

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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N-37746



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05/17/16--01004--012 **130.00

EFFECTIVE DATE

FILED
16 JUN -6 PM 12:51
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

MAY 24 2016
S. GILBERT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MICHAEL KYRELLOS MD, PLLC

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:

ASHRAF BOULES

Name of Person

A & M ACCOUNTING & TAX SERVICE CO

Firm/Company

27130 JOHN R RD., SUITE 201

Address

MADISON HTS, MI 48071

City/State and Zip Code

MKYRELLOS@YAHOO.COM

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

For further information concerning this matter, please call:

ASHRAF BOULES

248

543-6130

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

May 24, 2016

ASHRAF BOULES
27130 JOHN R RD. SUITE 201
MADISON HTS, MI 48071

SUBJECT: MICHAEL KYRELLOS MD, PLLC
Ref. Number: W16000037746

RECEIVED
16 JUN -6 PM 2:15
STATE
TALLAHASSEE, FLORIDA

We have received your document for MICHAEL KYRELLOS MD, PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 416A00010903

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL KYRELLOS MD, PLLC

(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:

2160 CORBIN PLACE

PALM HARBOR

FL 34683

Mailing Address:

2160 CORBIN PLACE

PALM HARBOR

FL 34683

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:

MICHAEL KYRELLOS

Name

2160 CORBIN PLACE

Florida street address (P.O. Box **NOT** acceptable)

PALM HARBOR

FL


34683

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MICHAEL KYRELLOS

2160 CORBIN PLACE

PALM HARBOR, FL 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 12, 2016 (OPTIONAL)

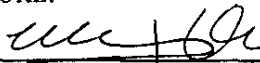
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The purpose for which this PLLC is:
Medical Service By Licensed Physicians

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.

MICHAEL KYRELLOS

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)