

L16000138992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

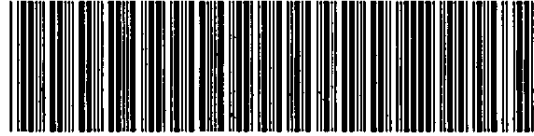
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/27/16--01020--012 \*\*125.00

2016 MAY 27 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

07/19/16

Florida Department of State

Division of Corporations

P.O.Box 6327

Tallahassee, FL 32314

RECEIVED  
2016 MAY 27 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Attn: Ms Nadira D McClees-Sams ( Regulatory Specialist II )

Ref. Number : W16000040413

Dear Sir/Madam,

This is in reference to letter number: 516A00011648 for my application for FAIR AND BALANCED, PLLC. The nature of the LLC, business entity is to provide consultation services to pharmaceutical companies for promotional medical education programs.

Please feel free to contact me for any other questions.

Sincerely,



Om Kapoor

10981 Hickory Trace Lane

Jacksonville, FL 32256



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2016

OM KAPOOR  
10981 HICKORY TRACE LANE  
JACKSONVILLE, FL 32256

SUBJECT: FAIR AND BALANCED, PLLC  
Ref. Number: W16000040413

2016 MAY 27 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FAIR AND BALANCED, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 516A00011648

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JUL 26 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fair and Balanced, 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:

Mailing Address:

10981 Hickory Trace Lane  
Jacksonville, FL 32256

10981 Hickory Trace Lane  
Jacksonville, FL 32256

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:

Om Kapoor

Name

10981 Hickory Trace Lane

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

Jacksonville      FL      32256

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)

2016 MAY 27 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

Om Kapoor

10981 Hickory Trace Lane

Jacksonville, FL 32256

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

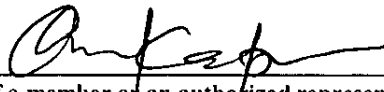
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Om Kapoor

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)

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TALLAHASSEE, FLORIDA

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