

L16000227852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

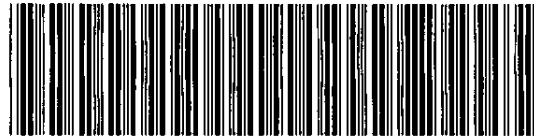
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 DEC 12 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2016

JOHN A. KOVARIK, ESQ.
JOHN A. KOVARIK, ESQ. P.A.
PO BOX 3712
TEQUESTA, FL 33469

SUBJECT: GOOD SAM OFFICE PARTNERS, LLC
Ref. Number: W16000079296

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TALLAHASSEE, FLORIDA

We have received your document for GOOD SAM OFFICE PARTNERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for GOOD SAM OFFICE PARTNERS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 916A00025258

16 DEC 12 1:16:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOOD SAM OFFICE 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

PO BOX 3712

Address

TEQUESTA, FLORIDA 33469

City/State and Zip Code

john@kovariklaw.com

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

For further information concerning this matter, please call:

John A. Kovarik 561 659-9001
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOOD SAM OFFICE PARTNERS, LLC

(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:

3347 STATE ROAD 7

WELLINGTON, FL 33449

Mailing Address:

3347 STATE ROAD 7

WELLINGTON, FL 33449

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:

AMARNATH VEDERE, M.D.

Name

3347 STATE ROAD 7

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

WELLINGTON

FL

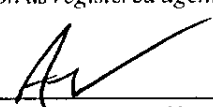
33449

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 DEC 12 PM 5:29
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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

MGR

Name and Address:

CHANDRA VENUGOPAL, M.D.

3347 STATE ROAD 7

WELLINGTON, FL 33449

MGR

JEAN FOUCAULD, M.D.

3347 STATE ROAD 7

WELLINGTON, FL 33449

MGR

AMARNATH VEDERE, M.D.

3347 STATE ROAD 7

WELLINGTON, FL 33449

MGR

NEERAV SHAH, M.D.

3347 STATE ROAD 7

WELLINGTON, FL 33449

(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.

AMARNATH VEDERE, M.D.

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

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

Name and Address:

ELIEZER HERNANDEZ, M.D.

3347 STATE ROAD 7

WELLINGTON, FL 33449

MGR

DUCCIO BALDARI, M.D.

3347 STATE ROAD 7

WELLINGTON, FL 33449

MGR

MOISE ANGLADE, M.D.

3347 STATE ROAD 7

WELLINGTON, FL 33449

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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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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