

L18000151924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11/80049788

JUN 21 2018

T. SCOTT



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05/21/18--01028--026 \*\*125.00

FILED  
2018 JUN 15 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2018

ANAND MOHAN DHANDA MD  
486 HIBISCUS STREET #237  
WEST PALM BEACH, FL 33402

SUBJECT: OPIOID DEPENDENCY CLINIC LLC  
Ref. Number: W18000049788

We have received your document for OPIOID DEPENDENCY CLINIC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 018A00010918

\*  
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COMMUNICATIONS  
COMMERCIAL  
INFORMATION SERVICES

CORRECTED DOCUMENT Enclosed.

Anand Mohan Dhandu M  
6/11/18

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: OPIOD DEPENDENCY CLINIC 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:

ANAND MOHAN DHANDA MD  
Name of Person

416 Clematis Street, West Palm Beach  
Firm/Company  
FL 33401

480 Hibiscus STREET #237  
Address

WEST PALM BEACH FL 33401  
City/State and Zip Code

Ananddhanda @ HOT MAIL . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANAND DHANDA at ( 240 ) 498 0983  
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:

Opioid DEPENDENCY Clinic LLC  
(Must contain 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:

416 CLEMATIS STREET  
WEST PALM BEACH  
FL 33401

480 Hibiscus Street # 239  
WEST PALM BEACH  
FL 33402

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:

ANANA M. DHANAN  
Name

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

WEST PALM BEACH, Florida 33401  
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..

x [Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Ref. # W180000 49758