# L 18000151924

(Requestor's Name)				
(Ad	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

M/800049788

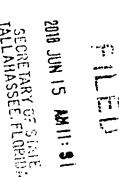
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T. SCOTT



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# 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

CORRECTED DOCUMENT Enclosed.

SERVICES SERVICES

6/11/18

# **COVER LETTER**

New Filing Section

TO:

Division of Corporations
SUBJECT: OPIOID 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 Polm Brach Firm/Company Fr 33701
480 HiBiscus STREET # 237
WEST PALM BEACH FL 2 33401 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANAND DHANDA at (240) 498 3983  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLET	- Name:	

The name of the Limited Liability Company is:

Ofisio DEPENDENCY CLINIC (Must contain the words "Limited Liability Company, "L.L.C.," or

### ARTICLE II - Address:

ARTICI

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

Principal Office Address:	Mailing Address:	
416, CLEMATIS STREET	- 4RO HiBisCUL Stv.	eef ± 231
WEST PALM BEACH	WEST PALM BEACH	(2245
E III - Registered Agent, Registered Office, & Registere	ed Agent's Signature:	FL >> 702
ited Liability Company cannot serve as its own Registered A	Agent. You must designate an individual or	

(The Lim another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

ANANA	M. DH	ANDN	
	Name		<del></del>
480 H	bicus 57	T.	
	ress (P.O. Box <u>NO</u>		
WEST PAL	n BEAL	Finida	3340/
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 Iam 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)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: AMBR" = Authorized Member 'MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. REOUIRED 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. ANANO N. NHANOS

Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

Ref. Letter # 018 A 00010918 Ref. # W180000 49788