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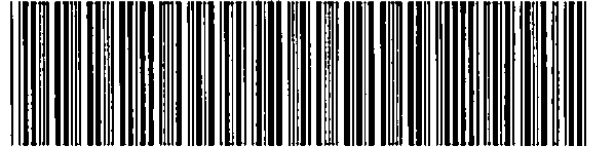
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2019

RAJA SAWHNEY
1324 SW 98TH STREET
GAINESVILLE, FL 32607

SUBJECT: DR. RAJA SAWHNEY PLLC
Ref. Number: W19000054577

We have received your document for DR. RAJA SAWHNEY 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):

The specific business purpose of the professional association must be stated 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 419A00011417

2019 JUN 10 10:10:10

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Dr. Raja Sawhney
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:

Raja Sawhney
Name of Person

Raja Sawhney
Firm/Company

1324 SW 98th Street
Address

Gainesville, FL 32607
City/State and Zip Code

sawhneyraja@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raja 248 866-8220
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:

Dr. Raja Sawhney PLLC

(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:

1324 SW 98th Street
Gainesville, FL 32607

Mailing Address:

1324 SW 98th Street
Gainesville, FL 32607

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:

Raja Sawhney

Name

1324 SW 98th Street

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

Gainesville

FL

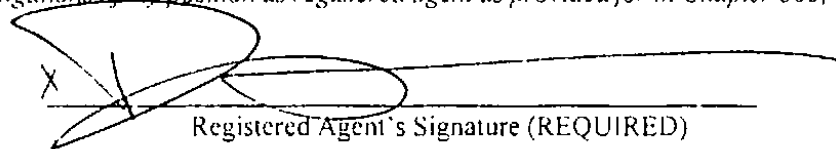
32607

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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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:

Raja Sawhney

1324 SW 98th Street

Gainesville, FL 32607

(Use attachment if necessary)

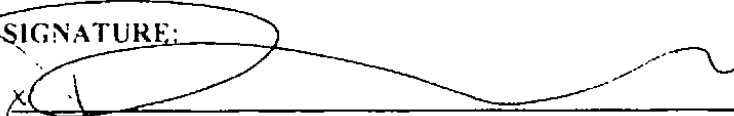
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Raja Sawhney

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)

Raja Sawhney MD MFA FACS
1324 SW 98th St
Gainesville FL 32607

July 1, 2019

Florida Department of State
Division of Corporations

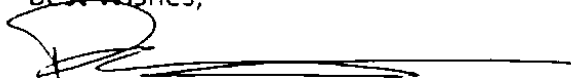
To Whom It May Concern:

I am applying for new Limited Liability Corporation here in the state of Florida. It is under the name DR. RAJA SAWHNEY PLLC. I sent in the application about 2 months ago, but it was returned because the specific purpose of the business was not stated on the form. Examining the application form, I was unable to find an appropriate location on the application to place the purpose and therefore I am including this letter. The reference number for my application is W19000054577.

The specific business purpose of DR. RAJA SAWHNEY PLLC, is to act as an independent contractor as a physician.

I hope that answers the requirements needed to complete my LLC application. Thank you for your time.

Best Wishes,

A handwritten signature in black ink, appearing to be 'Raja Sawhney', followed by a long horizontal line.

Raja Sawhney MD MFA FACS