

9/11/2019

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Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
VISIONARY PHYSICIANS ALLIANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2019 SEP 11 16:39

2019 SEP 11 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

VISIONARY PHYSICIANS ALLIANCE, LLC.

ARTICLE II - ADDRESS:

The physical and mailing address of the Limited Liability Company is:

5601 TPC Blvd.

Lutz, FL 33558

ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:

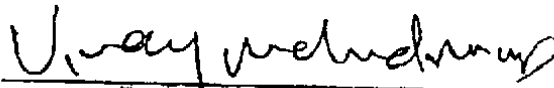
The name and Florida street address of the registered agent are

Vinay Mehindru

5801 TPC Blvd.

Lutz, FL 33558

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, Florida Statutes.



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

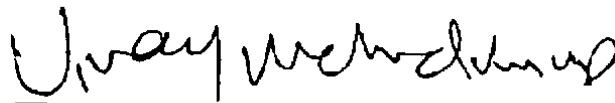
The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

Managing Member

Vinay Mehindru
5801 TPC Blvd.
Lutz, FL 33558



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Vinay Mehindru

Typed or printed name of signer