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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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Email Address: Svarghese1971@gmail.com

FLORIDA LIMITED LIABILITY CO.
Florida Telemed Associates, PLLC

Certificate of Status	1
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2020 APR 24 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL 32399
2020 APR 24 PM 2:16
4/27/2020



COVER LETTER

Thursday, April 23, 2020

To: New Filing Section
Division of Corporation

Subject:
Florida Telemed Associates, PLLC
Name of Professional 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at **727-279-5037** or e-mail at **Contact@flpatellaw.com**

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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DIVISION OF CORPORATION
ST. PETERSBURG, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
Florida Telemed Associates, PLLC
A
Florida Professional Limited Liability Company**

**ARTICLE I.
Name**

The name of the Professional Limited Liability Company is: Florida Telemed Associates, PLLC (the Company).

**ARTICLE II.
Address**

The street address of the principal office of the Company is:

1701 SE Hillmoor Drive
Port Saint Lucie, Florida 34952

The mailing address of the Company is:

P.O. Box 880623
Port Saint Lucie, Florida 34988

**ARTICLE III.
Registered Agent, Registered office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC
360 Central Avenue
Suite 800
Saint Petersburg, Florida 33701

Having been named as registered agent and to accept service of process for the above stated Professional 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.

Hilary Zalla

(sign)

FL Patel Law PLLC

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ARTICLE IV.
Areas of Practice

The area of professional service of the Company are limited to the practice of medicine.

ARTICLE V.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Dr. Sajan T. Varghese 1701 SE Hillmoor Drive Port Saint Lucie, Florida 34952

ARTICLE VI.

The Effective date shall be the date of filing.


 _____ (sign)

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.

 Dr. Sajan T. Varghese
 Authorized Representative/Member

DEPARTMENT OF STATE
 CLERK OF THE BOARD
 TALLAHASSEE, FLORIDA

2020 APR 24 AM 9:44

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