

L22000088823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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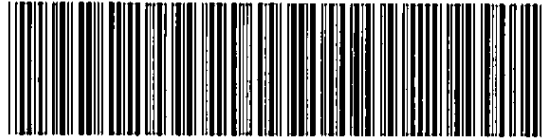
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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- xx**      **CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- xx**      **FILING**                      LLC \_\_\_\_\_

1.      **OSCEOLA COUNTY ANESTHESIA ASSOCIATES, LLC**  
            (CORPORATE NAME AND DOCUMENT #)
2.      \_\_\_\_\_  
            (CORPORATE NAME AND DOCUMENT #)
3.      \_\_\_\_\_  
            (CORPORATE NAME AND DOCUMENT #)
4.      \_\_\_\_\_  
            (CORPORATE NAME AND DOCUMENT #)
5.      \_\_\_\_\_  
            (CORPORATE NAME AND DOCUMENT #)
6.      \_\_\_\_\_  
            (CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Osceola County Anesthesia Associates, 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:

2642 Fawnlake Trail  
Orlando, FL 32828

2642 Fawnlake Trail  
Orlando, FL 32828

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:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

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

<u>St. Petersburg</u>	<u>FL</u>	<u>33702</u>
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.*

Bell Home

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:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>Basher Atiquzzaman</u> <u>5418 Osprey Isle Ln</u> <u>Orlando, FL 32819</u>
<u>AMBR</u>	<u>Srinivas Seela</u> <u>2642 Fawnlake Trail</u> <u>Orlando, FL 32828</u>
<u>AMBR</u>	<u>Moon Kola</u> <u>11646 Waterstone Loop Drive</u> <u>Windermere, FL 34786</u>
<u>AMBR</u>	<u>Harinath Sheela</u> <u>8859 Cypress Reserve Circle</u> <u>Orlando, FL 32838</u>

(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:**

*AJBeren*

\_\_\_\_\_  
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.

Amanda J. Beren  
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)

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