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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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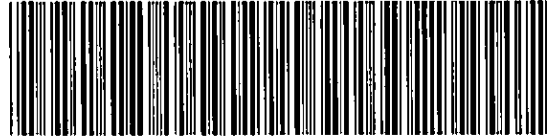
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 NOV 18 PM 1:12

2022 NOV 18 AM 11:24

**COVER LETTER**

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

**SUBJECT:** Everest Oceans 2, 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:

Saqib Siddiqui

\_\_\_\_\_  
Name of Person

Everest Consulting Services, LLC

\_\_\_\_\_  
Firm/Company

275 Commercial Boulevard, Suite 204

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33308

\_\_\_\_\_  
City/State and Zip Code

ssiddiqui@thespinesurgerycenter.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Franck Chantayan

561

402-7064

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Everest Oceans 2, 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:

275 Commercial Boulevard

Suite 204

Fort Lauderdale, FL 33308

Mailing Address:

275 Commercial Boulevard

Suite 204

Fort Lauderdale, FL 33308

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:

Saqib Siddiqui

Name

275 Commercial Boulevard, Suite 204

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

Fort Lauderdale

FL

33308

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..*

SS  
Saqib Siddiqui (Nov 17, 2022 19:43 EST)

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

**Name and Address:**

Manager

Eva Kirilova

275 Commercial Boulevard, Suite 204

Fort Lauderdale, FL 33308

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(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:**

SS

**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.

Saqib Siddiqui as Manager of Everest Consulting Services, LLC

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)







# Everest Oceans 2 LLC - Article of Formation

Final Audit Report

2022-11-18

Created:	2022-11-18
By:	JOHN KOCHKERIAN (john@jklawpa.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA_Q_mpyZTWoAmNnZij1kxUI7kMxLoSf1z

## "Everest Oceans 2 LLC - Article of Formation" History

-  Document created by JOHN KOCHKERIAN (john@jklawpa.com)  
2022-11-18 - 3:07:19 PM GMT- IP address: 102.129.153.25
-  Document emailed to ssiddiqui@thespinesurgerycenter.com for signature  
2022-11-18 - 3:07:57 PM GMT
-  Email viewed by ssiddiqui@thespinesurgerycenter.com  
2022-11-18 - 3:08:03 PM GMT- IP address: 66.249.88.28
-  Signer ssiddiqui@thespinesurgerycenter.com entered name at signing as Saqib Siddiqui  
2022-11-18 - 3:12:43 PM GMT- IP address: 134.204.36.38
-  Document e-signed by Saqib Siddiqui (ssiddiqui@thespinesurgerycenter.com)  
Signature Date: 2022-11-18 - 3:12:45 PM GMT - Time Source: server- IP address: 134.204.36.38
-  Agreement completed.  
2022-11-18 - 3:12:45 PM GMT