

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000410970 3)))



H220004109703ABCZ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Fax Number

: (727)888-1294

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone : (727)279-5037

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

Support@flpatellaw.com Email Address:

> FLORIDA LIMITED LIABILITY CO. Chari Center of Health, PLLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



## **COVER LETTER**

Tuesday, December 6, 2022

To: New Filing Section
Division of Corporation

### Subject: CHARI CENTER OF HEALTH, 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

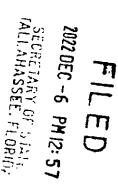
360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

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

Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

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

FL Patel Law PLLC



#### ARTICLES OF ORGANIZATION

#### FOR

# CHARL CENTER OF HEALTH, PLLC A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

## ARTICLE L.

The name of the professional limited liability company is: Chari Center of Health, PLLC (the "Company").

### ARTICLE II. Address

The principal office and mailing address of the Company is:

11161 E State Rd 70 STE 110-602 Lakewood Ranch, Florida 34202

# ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

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

FLP RA Services LLC 360 Central Avenue Suite 800 St. Petersburg, FL 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.





→ 18506176381

### Area of Practice

The area of professional service of the Company is 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>                              | Name and Address   |
|---|--|
| AMBR = Authorized Member<br>MGR = Manager |  |
| MGR                                       | Roopa Chari<br>11161 E State Rd 70<br>STE 110-602<br>Lakewood Ranch, Florida 34202 |

### ARTICLE VI.

| The Effective date shall be | e the date of filing. |
|-----------------------------|-----------------------|
|                             |                       |

| Doopa Chari  | (sign)  |
|--|---|
| Signature of a member or an authorized representat This document is executed in accordance with section 605.0203 I am aware that any false information submitted in a document t constitutes a third degree felony as provided for in s. | B (1) (b), Florida Statutes.<br>o the Department of State |
| Roopa Chari  |   |
| Authorized Representative/Memb   | er  |