

L 230000 10161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000388844170

FILED

2023 JAN -9 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JAN -9 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/09/2023
Acc#I20160000072

mic DJ

Name:	Hypnos and Somnos Sleep Medicine FL, PLLC
Document #:	
Order #:	14625626

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

rpatel@sleeplessinazona.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

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

SUBJECT: Hypnos and Somnos Sleep Medicine FL, PLLC

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:

Tammie Y. Proctor

Name of Person

McGuireWoods LLP

Firm/Company

2000 McKinney Avenue, Suite 1400

Address

Dallas, TX 75201

City/State and Zip Code

rpatel@sleeplessinazona.com

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

For further information concerning this matter, please call:

Ruchir P. Patel, M.D.

480

745-3547

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:

Hypnos and Somnos Sleep Medicine FL, PLLC

(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:

9746 N. 90th Place, Suite 207
Scottsdale, AZ 85258

Mailing Address:

9746 N. 90th Place, Suite 207
Scottsdale, AZ 85258

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

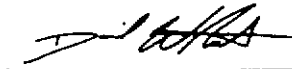
33324

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.



David Westcott, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 JAN -9 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

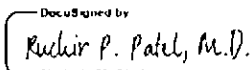
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Ruchir P. Patel, M.D.</u>
	<u>9746 N. 90th Place, Suite 207</u>
	<u>Scottsdale, AZ 85258</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

(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. Sleep medicine practice for the treatment of sleep disorders

REQUIRED SIGNATURE:


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.

Ruchir P. Patel, M.D.
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)