

**L230002511450**

Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jo@dfcpaonline.com

**FLORIDA LIMITED LIABILITY CO.  
Kamran Khan MD PLLC**

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

2023 NOV 13 AM 11:22

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2023 NOV 13 PM 4:36  
CLERK OF STATE  
TALLAHASSEE, FL

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T. MATTHEWS

NOV 14 2023

ARTICLES OF ORGANIZATION  
FOR

H23000391918

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FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY NOV 13 PM 4:36

## ARTICLE I - Name

The name of the Limited Liability Company is: Kamran Khan MD PLLC

COUNTY OF STATE  
TALLAHASSEE, FL

## ARTICLE II - Address

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address:

8101 Springtree Road

Boca Raton FL 33496

Mailing Address:

8101 Springtree Road

Boca Raton FL 33496

ARTICLE III - The purpose for which this Professional Limited Liability Company is formed is as follows: PLASTIC SURGERY

## ARTICLE IV - Registered Agent, Registered Office &amp; Registered Agent's Signature

The name and Florida street address of the registered agent are:

Hubco Registered Agent Services, Inc.

Name

155 Office Plaza Drive, 1st Floor

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Tallahassee, FL 32301

(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 608, F.S.*



Registered Agent's Signature -

Bruce B. Hubbard

**ARTICLE V - Manager(s) or Authorized Member(s):**

The name and address of each Manager or Authorized Member is as follows:

**Title:**

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

**Name and Address:**

Kamran Khan

8101 Springtree Road Boca Raton FL 33496

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or authorized representative of a member

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

Kamran Khan

\_\_\_\_\_  
Typed or printed name of signee