

# L24000386598

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

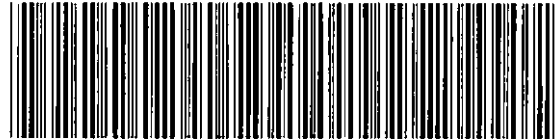
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700435719297

08/30/24--01011--004 \*\*160.00

08/30/24 09:12:19

**COVER LETTER**

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

**SUBJECT:** MIDDLE EAST PEDIATRIC CONSULTING SERVICES, 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:

DR. STANLEY M. ZUBA, M.D.FAAP

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

MIDDLE EAST PEDIATRIC AND CONSULTING SERVICES, LLC

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

151 LAKE ROAD

\_\_\_\_\_  
Address

TAVERNIER, FLORIDA, 33070

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

FLORIDAPEDSDOC@GMAIL.COM

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

For further information concerning this matter, please call:

DR. STANLEY M. ZUBA, M.D., 305 923-3001

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:

MIDDLE EAST PEDIATRIC CONSULTING SERVICES, 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:

151 LAKE ROAD

TAVERNIER, FLORIDA

33070

151 LAKE ROAD

TAVERNIER, FLORIDA

33070

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:

DR. STANLEY M. ZUBA, M.D., FAAP

Name

151 LAKE ROAD

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

TAVERNIER

FLORIDA

33070

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..*

Dr. Stanley M. Zuba, M.D., FAAP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2007 Nov 23 PM 12:49

**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:**

MGR

DR. STANLEY M. ZUBA  
151 LAKE ROAD  
TAVERNIER, FLORIDA 33070

AMBR

ERIC A. ANDERSON  
151 LAKE ROAD  
TAVERNIER, FLORIDA 33070

(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.

NONE

**REQUIRED SIGNATURE:**

*Dr. Stanley M. Zuba, M.D., FAAP*

**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.

DR. STANLEY M. ZUBA, M.D., FAAP

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)**