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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : 120170000097 : (727)279-5037

: (727)888-1294 Fax Number

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

leena.saline@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Gastro Wellness, PLLC

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ARTICLES OF ORGANIZATION

FOR

GASTRO WELLNESS, PLLC

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Professional Limited Liability Company is: Gastro Wellness, PLLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

17633 Gunn Highway, STE 138 Odessa, Fl 33556

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 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.

Vishva S Nandu (sign)
FLP RA Services LLC

ARTICLE IV. Area of Practice

→ 18506176381

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 MGR = Manager	
MGR	Dr. Leena Saline DO 17633 Gunn Highway, STE 138 Odessa, FL 33556

ARTICLE VI. The Effective date shall be the date of filing. 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 Enconstitutes a third degree felony as provided for in s.817.155, F.S. Dr. Leena Saline DO Authorized Representative/Member