

L08000050121

(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



900129681959

RECEIVED  
08 MAY 20 PM 12:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

MAY 20 2008

EXAMINER

FILED  
08 MAY 20 PM 2:35  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 577367 4303846

AUTHORIZATION

*Spuddean*

COST LIMIT : \$ 125.00

FILED  
08 MAY 20 PM 2:35  
TALLAHASSEE, FLORIDA

ORDER DATE : May 20, 2008

ORDER TIME : 10:50 AM

ORDER NO. : 577367-005

CUSTOMER NO: 4303846

DOMESTIC FILING

NAME: ACADEMIC SURGICAL CONGRESS,  
LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

FILED  
08 MAY 20 PM 2:35  
TALLAHASSEE, FLORIDA

**ARTICLE I  
Name**

The name of the Limited Liability Company is: ACADEMIC SURGICAL CONGRESS, LLC.

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 2810 C Industrial Plaza Drive, Tallahassee, FL 32317.

**ARTICLE III  
Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are: Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

*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.*

Corporation Service Company  
By: Ann R. Shilling  
Registered Agent's Signature  
Ann R. Shilling, Assistant VP

**ARTICLE IV  
Managing Members**

The name and address of each Managing Member is:

- |                 |   |
|-----------------|---|
| Managing Member | Society of University Surgeons<br>341 N. Maitland Ave., Suite 130<br>Maitland, FL 32751           |
| Managing Member | Association for Academic Surgery<br>11300 West Olympic Blvd<br>Suite 600<br>Los Angeles, CA 90064 |

**REQUIRED SIGNATURE:**

A handwritten signature in black ink, appearing to read "Daniel Meldrum", written over a horizontal line.

*Signature of a member or an 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.)*

**Daniel Meldrum, MD**

Typed or printed name of signee