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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
ANB ANESTHESIA, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2020 JUN 16 AM 11:59

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Articles of Organization

State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla. Stat.:

Article I - NAME

The name of the Limited Liability Company is as follows: ANB ANESTHESIA, LLC.

Article II - TYPE

The entity being formed is a Limited Liability Company.

Article III - ADDRESS

The mailing address and the street address (principal office address) for the Limited Liability Company are as follows:

Limited Liability Company Address:

3273 NW 120 AVENUE
CORAL SPRINGS, FL 33065-3188

The mailing address and street address (principal office address) for the limited liability company are the same.

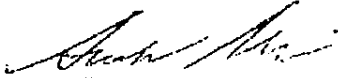
Article IV - REGISTERED AGENT INFORMATION

The name and address of the registered agent are as follows:

Shaban Malik
3408 W 84th Street
Suite 106
Hialeah, FL 33018

The street address and the mailing address of the registered agent are the same.

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, Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.



Signature of Registered Agent

Article V - STRUCTURE

This limited liability will be managed by the following individual:

Ashley Nicole Bunnell
3273 NW 120 AVENUE
CORAL SPRINGS, FL 33065-3188

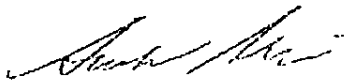
Manager

Article VI - EFFECTIVE DATE

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

EXECUTION

Signature of organizer:



Printed name of organizer:

SHABAN MALIK

Title of organizer:

CPA

Statement of signatory:

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.