

L23000 110063

(Requestor's Name)

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PICK-UP  WAIT  MAIL

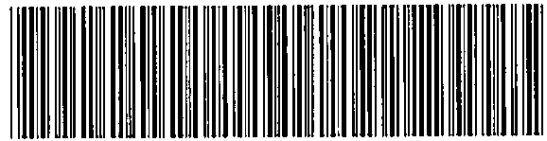
(Business Entity Name)

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FALLAHASSEE, FLORIDA

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REGISTRATIONS  
FALLAHASSEE, FLORIDA

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sunset Lake Surgery Center, LLC

Please Debit I20000000257 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
SUNSET LAKE SURGERY CENTER, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is **Sunset Lake Surgery Center, LLC**.

**ARTICLE II - ADDRESS**

The mailing address is 333 S. Tamiami Trail, Suite 101, Venice, FL 34285 and the street address of the principal office of the limited liability company is 333 S. Tamiami Trail, Suite 101, Venice, FL 34285.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S ACCEPTANCE**

The name and address of the registered agent and office is:

Blalock Walters, P.A.  
2 North Tamiami Trail, Suite 400  
Sarasota, FL 34236

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of such duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.*

**Blalock Walters, P.A.**, a Florida professional corporation

By: \_\_\_\_\_

*[Signature]*  
Robert Stroud, Esq., Principal

**ARTICLE IV - MANAGEMENT**

The limited liability company is to be manager-managed. The initial manger is Lindsey Job, M.D. The initial manager's address is 333 South Tamiami Trail, Suite 101, Venice, FL 34285.

**IN WITNESS WHEREOF**, these Articles of Organization are executed on this 8th day of March, 2023.

\_\_\_\_\_  
Robert Stroud, Esq., authorized representative