

L23000180517

Florida Department of State
Division of Corporations
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RECEIVED
 2023 APR 13 AM 8:43
 CORPORATION
 COMMERCIAL
 SERVICES

**FLORIDA LIMITED LIABILITY CO.
AMANDA'S ANESTHESIA SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023 APR 13 PM 10:21
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

Amanda's Anesthesia Services LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

710 West 34th St. Hialeah FL, 33012

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Amanda Escobar

Address: 710 West 34th St. Hialeah FL, 33012

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Amanda Escobar -AMBR

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Required Signatures:



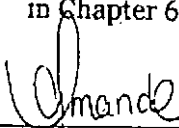
Signature of a member of an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Amanda Escobar

Typed or printed name of signee

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..



Registered Agent's Signature (REQUIRED)

STATE OF FLORIDA
TALLAHASSEE, FL

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