

L11000029606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

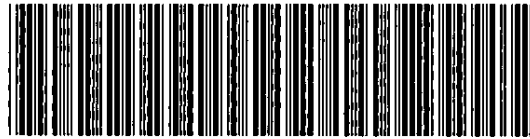
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500186802365

03/11/11--01003--001 **2077.50

B. KOHR

MAR 11 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -9 AM 9:55

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorp.com
Website: www.advancedincorp.com

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
11 MAR -9 AM 9:35

NAME OF ENTITY

FOR OFFICE USE ONLY

PICK ONE:

☐ CERTIFIED COPY ☐ PHOTOCOPY

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP

☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT

☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN

☐ OTHER

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY

OF

APOSTILLE/CERTIFICATION REQUEST:

Country

Amount of Documents

DATE

TIME

Notes:

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

ARTICLE I -- NAME

The name of the Limited Liability Company is **VERO ANESTHESIA, LLC.**

ARTICLE II -- ADDRESS

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

275 18th Street, Suite 101
Vero Beach, FL 3296

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

The name and the Florida street address of the Registered Agent is:

Kathryn Block Faires, Esq.
21 Royal Palm Pointe, Suite 100
Vero Beach, Florida 32960

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 Article of these Articles of Organization, 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 of the Florida Statutes.


Kathryn Block Faires, Registered Agent

ARTICLE IV -- MANAGEMENT

The Limited Liability Company shall be managed by one (1) or more Managers and is, therefore, a manager-managed company.

The Managers shall be elected annually in the manner prescribed in the Operating Agreement for this Limited Liability Company.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -9 AM 9:55

ARTICLE V -- GOVERNED BY OPERATING AGREEMENT

The Company shall be governed by and operated pursuant to the terms and conditions of a written Operating Agreement.

ARTICLE VI -- EFFECTIVE DATE

These Articles of Organization shall be effective upon the date of filing.

IN WITNESS WHEREOF, the authorized representative of the Members has affixed his signature this 9th day of March, 2011.

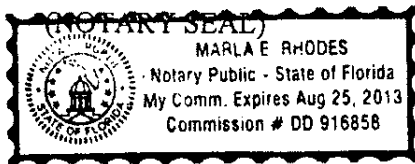
By: Kathryn B. Faires
KATHRYN BLOCK FAIRES, Authorized Representative

STATE OF FLORIDA)
 :SS.
COUNTY OF INDIAN RIVER)

BEFORE ME, the undersigned authority, personally appeared KATHRYN BLOCK FAIRES, to me known to be the individual described in and who executed the foregoing Articles of Organization and ____ acknowledged before me that she executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed by hand and official seal at Vero Beach, said County and State aforesaid, this 9th day of March, 2011.

Marla E Rhodes
Notary Public, State of Florida



Printed Name of Notary
My Commission Expires: