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Division of Corporations

Page 1 of 1

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**FLORIDA LIMITED LIABILITY CO.  
Bradenton Area Trauma Surgeons (BATS), LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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EXAMINER

SEP 22 2011

H11000230879 3

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bradenton Area Trauma Surgeons (BATS), LLC

**ARTICLE II - Address:**

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

110 39<sup>th</sup> Street Ct. NW  
Bradenton, Florida 34205

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

The name and the Florida street address of the registered agent are:


Robert F. Greene, Esq.  
601 12<sup>th</sup> Street West  
Bradenton, Florida 34205

*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 property 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.*

  
SIGNATURE

**ARTICLE IV - Management:**  
(Check box if applicable)

- ☐ The Limited Liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert F. Greene

Typed or printed name of signer

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