

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L0000005741**

Dade County Emergency Pediatrics, LLC

600003506196--3

-12/19/00--01055--020

\*\*\*\*155.00 \*\*\*\*155.00

☐ Profit  
☐ Nonprofit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal  
☐ Reinstatement

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC Articles

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

00 DEC 19 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Name

12/19/00

Order#: 3478267

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Ref#:

Amount: \$

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 DEC 19 PM 2:19  
RECEIVED

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

JP  
12-19-00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Dade County Emergency Pediatrics, LLC

## ARTICLE II - Address:

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

2828 Croasdaile Drive, Durham, NC 27705

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

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

\_\_\_\_\_  
C T Corporation System  
Name  
c/o CT Corporation System, 1200 South Pine Island Road  
\_\_\_\_\_  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation FL 33324  
\_\_\_\_\_  
City, State, and Zip

*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 608, F.S..*

C T Corporation System

Connie Bryan **CONNIE BRYAN**  
Registered Agent's Signature **SPECIAL ASSISTANT SECRETARY**

## 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.

(An additional article must be added if an effective date is requested)

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

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

Tammy Davis, Vice President, Pediatric Consultants of Broward County, Inc.  
Typed or printed name of signee (Member of LLC)

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

00 DEC 19 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED