

**L0100006150**

Florida Department of State  
Division of Corporations  
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**LIMITED LIABILITY COMPANY**

**PROMENADES SURGERY CENTER, L.C.**

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

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**PROMENADES SURGERY CENTER, L.C.**

**ARTICLE II — Address:**

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

**PROMENADES SURGERY CENTER, L.C.**

**Mailing Address: 2 Tropicana Drive  
Punta Gorda, FL 33950**

**Street Address: 2 Tropicana Drive  
Punta Gorda, FL 33950**

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

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

**Issa F. Baroudi  
2 Tropicana Drive  
Punta Gorda, FL 33950**

*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.*

  
\_\_\_\_\_  
Issa F. Baroudi, Registered Agent

**ARTICLE IV — Management**

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

  
\_\_\_\_\_  
Issa F. Baroudi, Manager

**Issa F. Baroudi**  
\_\_\_\_\_  
Typed or printed name of signee

(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.)

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