

Division of Corporations

Page 1 of 2

LO1 000020643

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000117939 8)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations

Fax Number : (850) 205-0383

## From:

Account Name : BARNETT, BOLT, KIRKWOOD &amp; LONG

Account Number : 072731001155

Phone : (813) 253-2020

Fax Number : (813) 251-6711

## LIMITED LIABILITY COMPANY

Brandon Urological Real Estate, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

FILED

01 NOV 30 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

01 NOV 30 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDALO1-20643  
a

H01000117939 8

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Brandon Urological Real Estate, LLC

**ARTICLE II - Address:**

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

500 Vonderburg Drive, Ste. 201E  
Brandon, FL 33511**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael D. Miller

Name

601 Bayshore Blvd., Ste. 700Florida street address (P.O. Box **NOT** acceptable)Tampa FL 33606

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..*



Registered Agent'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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James E. Alver, M.D., Member

Typed or printed name of signee

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 36.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

H01000117939 8

FILED  
01 NOV 30 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA