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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	
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☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
	Examinants Initials

CR2E031(7/97)

#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 12, 2002

JEFFREY SCHILLINGER 3475 SHERIDAN STREET, SUITE 314 HOLLYWOOD, FL 33021

SUBJECT: SOUTHWEST GENERAL EMERGENCY PHYSICIANS, LLC

Ref. Number: W02000010327

We have received your document for SOUTHWEST GENERAL EMERGENCY PHYSICIANS, LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 102A00021804

DIVISION OF CORPORACION

# Susan Greco

April 8, 2002

To Whom It May Concern:

Attached please find LLC documents for three new limited liability companies (Southwest General Emergency Physicians, LLC, Vaughn Emergency Physicians, LLC and Belle Glade Emergency Physicians, LLC. Additionally, we have enclosed our check in the amount of \$375 (\$125 per LLC filing).

If you have any questions regarding the attached please call me at 305-439-4804.

Susar Grew FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: Southwest General Emergency Physicians, LLC

## ARTICLE II – Address:

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

3475 Sheridan Street, Suite 314, Hollywood, Florida 33021

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

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

Jeffrey Schillinger 3475 Sheridan Street, Suite 314 Hollywood, Florida 33021

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.

# 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 of an authorized representative of a member.

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