

LO3 000038365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500023441955

10/01/03--01021--003 **125.00

FILED
OCT 1 11 03
FBI - MEMPHIS

LO3-38365
AK

The Law Offices of
**MOYLE
FLANIGAN
KATZ
RAYMOND
& SHEEHAN
P.A.**

POST OFFICE BOX 3888 (Zip 33402-3888)
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FLORIDA 33401-4025

TELEPHONE (561) 659-7500
FACSIMILE (561) 659-1789

OTHER OFFICE:
TALLAHASSEE

WRITER'S DIRECT LINE:
(561) 822-0325

PETER L. BRETON
JOHN R. EUBANKS, JR.
JOHN F. FLANIGAN
MARTIN V. KATZ
PAUL A. KRASKER
JON C. MOYLE
JON C. MOYLE, JR.
MARSHALL J. OSOFSKY
MARK E. RAYMOND
CATHY M. SELLERS
THOMAS A. SHEEHAN, III
ROBERT J. SNIFFEN
MARTA M. SUAREZ-MURIAS
WILTON L. WHITE
BRIAN L. WOLINETZ

OF COUNSEL:
DANIEL K. CORBETT
THOMAS A. HICKEY
WILLIAM J. PAYNE

September 30, 2003

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

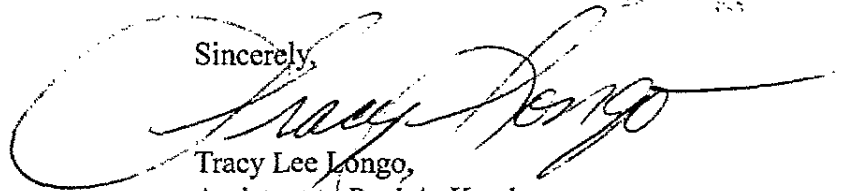
Re: Incorporation of Northpoint Surgery Center Investments, LLC

Dear Sir/Madam:

Enclosed herewith please find an original and one copy of the Articles of Organization for Northpoint Surgery Center Investment, LLC along with this law firm's check in the amount of \$125.00 to cover your costs associated with filing the same. Please file the enclosed as soon as possible and forward a date stamped copy of the articles to the undersigned in the self-addressed, stamped envelope enclosed for your convenience.

Should you have any questions, please do not hesitate to call.

Sincerely,


Tracy Lee Longo,
Assistant to Paul A. Krasker

/tll
Enclosures

**ARTICLES OF ORGANIZATION
OF
NORTHPOINT SURGERY CENTER INVESTMENTS, LLC**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is NORTHPOINT SURGERY CENTER INVESTMENTS, LLC ("Company").

ARTICLE II

The mailing address and street address of the principal place of business of the Company is 5586 High Flyer Road North, Palm Beach Gardens, Florida 33418. The Company may at its discretion, at any time, change the address of its principal place of business.

ARTICLE III

The name and street address of the initial registered agent of this Company is Paul A. Krasker, Esquire, 625 N. Flagler Drive, 9th Floor, West Palm Beach, Florida 33401.

ARTICLE IV

The management of this Company shall be vested in two (2) managers. The name and mailing address of the managers ("Managers") are as follows: Michael L. Schwartz, whose address is 2295 NW 53rd Street, Boca Raton, Florida 33496 and Bruce Tannenbaum, whose address is 5586 High Flyer Road North, Palm Beach Gardens, Florida 33418.

ARTICLE V

The business of this Company shall not be dissolved on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.

ARTICLE VI

The power to adapt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

FILED
2021-11-11
10:11 AM
CLERK OF COURT
Palm Beach County

ARTICLE VII

Except as otherwise provided by law, no debt shall be contracted nor liability incurred by or on behalf of this Company except by the Managers with the consent of a majority of the Members in accordance with the Operating Agreement.

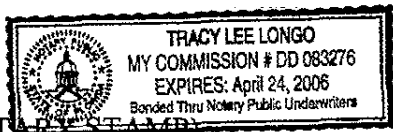
IN WITNESS WHEREOF, I have hereunto subscribed my name this 30th day of September, 2003.

Paul A. Krasker

Paul A. Krasker, an Authorized Representative

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 30th day of September, 2003, by Paul A. Krasker, as Authorized Representative of the Company who is personally known to me, OR has produced _____ as identification.



(NOTARY SEAL)

Tracy Lee Longo
Notary Name: Tracy Lee Longo
Notary Public
Serial (Commission) Number
(If any) _____

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 of registered agent for NORTHPOINT SURGERY CENTER INVESTMENTS, LLC as provided for in Chapter 608, F.S.

Paul A. Krasker

Paul A. Krasker, Registered Agent

FILED
2003-09-30
Palm Beach County
Florida