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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 249253 4313196

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 155.00

ORDER DATE : September 19, 2003

ORDER TIME : 12:43 PM

ORDER NO. : 249253-005

CUSTOMER NO: 4313196

CUSTOMER: Steve L. Henderson, Esq
Moss Henderson Blanton &
Lanier, P.a.
817 Beachland Boulevard

Vero Beach, FL 32964

DOMESTIC FILING

NAME: ORION CARDIOVASCULAR III, P.L.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 19, 2003

DARLENE WARD
CSC
TALLAHASSEE, FL

SUBJECT: ORION CARDIOVASCULAR III, P.L.
Ref. Number: W03000026986

We have received your document for ORION CARDIOVASCULAR III, P.L. and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Please correct Article V. For professional limited liability companies, we cannot accept a general purpose statement. You must describe a specific professional practice.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 903A00052060

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

ORION CARDIOVASCULAR III, P.L.

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORION CARDIOVASCULAR III, P.L.

ARTICLE II - Address:

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

Orion Cardiovascular III, P.L.
C/o Anthony Lewis, M.D.
2401 Frist Street, Suite 4
Fort Pierce, Florida 34950

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual until it is dissolved and its affairs wound up in accordance with the Operating Agreement duly adopted by this Limited Liability Company and the Florida Statutes.

ARTICLE IV - Management:

The Limited Liability Company is to be a manager-managed company. The initial manager shall be: Anthony Lewis, M.D.

ARTICLE V - Purpose:

This Limited Liability Company shall have the right to operate for any lawful purpose permitted under the laws of the State of Florida more specifically to operate a practice of medicine with a specialization in Cardiovascular Disease and such other medical specialties as the Manager may from time to time deem to be in the best interests of the Company

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FORT PIERCE, FLORIDA

ARTICLE VI - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as set forth in the Operating Agreement duly adopted by this Limited Liability Company.


ARTICLE VII - Members Rights to Continue Business:

The right, if given, of the remaining members of this Limited Liability Company to continue the business on the death, retirement, resignation, exclusion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be by unanimous agreement as provided in the Operating Agreement duly adopted for the Limited Liability Company.

ARTICLE VIII - Registered Agent

Steve L. Henderson, whose street address is 817 Beachland Boulevard, Vero Beach, Florida 32963, is appointed as the initial Registered Agent, for service of process, in this State for this Limited Liability Company.

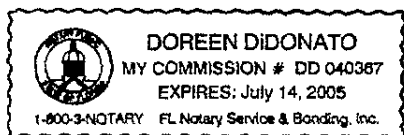
(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Anthony Lewis, M.D.

STATE OF FLORIDA
COUNTY OF Indian River

Sworn to and subscribed before me by Anthony Lewis, M.D. this 10th day of October
~~September~~, 2003.



Doreen DiDonato
Notary Signature

Doreen DiDonato
(Print, type, or stamp commissioned
name of notary public)

Personally known ✓ or produced identification _____
Type of identification produced _____

CONSENT OF REGISTERED AGENT

Having been named as Registered Agent for this Limited Liability Company at the registered office designated in the foregoing Articles of Organization, the undersigned is familiar with and accepts the obligations of this designation as provided for in Chapter 608 of the Florida Statutes.

Dated this 10 day of October, 2003.

A handwritten signature in cursive script, appearing to read "Steve Henderson", written over a horizontal line.

Steve L. Henderson, Esquire
Registered Agent