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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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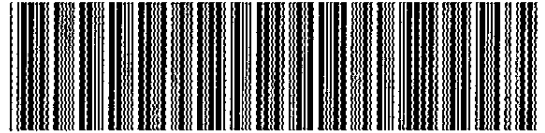
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**To:** Registration Section  
Division of Corporations

**Subject:** County Line Surgery Center LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**James William Davis**

**County Line Surgery Center**

**18124 Edgewood Drive**

**Spring Hill, Florida 34610-6501**

For further information concerning this matter, please call:

James William Davis at (352) 799-3661

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

**Article I - Name:**

The name of the Limited Liability Company is:

County Line Surgery Center LLC

**Article II - Address:**

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

18124 Edgewood Drive, Spring Hill, Florida 34610

**Article III - Registered Agent, Registered Office, & Registered Agent's Signature:**

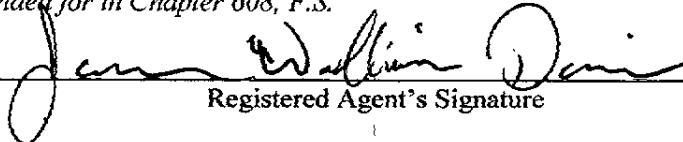
The name and the Florida street address of the registered agent are:

James William Davis

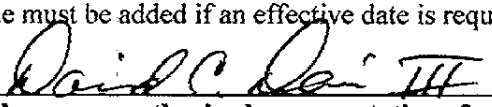
18124 Edgewood Drive, Spring Hill, Florida 34610

Florida street address (P.O. Box **NOT** acceptable)

*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

(An additional article must be added if an effective date is requested)

  
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 William Davis

Typed or printed name of signee

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**Article IV – Management Names and Addresses.** This limited Liability Company is managed by one manager or more managers and is therefore, a manager – managed company. The names and addresses of initial managers are:

James William Davis, Manager, 18124 Edgewood Drive, Spring Hill, Florida, 34610

David C. Davis III, Manager, 18124 Edgewood Drive, Spring Hill, Florida, 34610

These two managers are also Members of the Limited Liability Company.



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**Signature of a member or authorized representative of a member.**

(In accordance with section 608.408(30), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**David C. Davis III**

**Typed or printed name of signee**

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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