

L 04000054971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

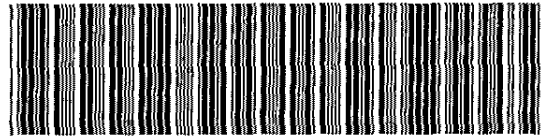
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500037956505

07/26/04--01005--019 **155.00

RECEIVED
04 JUL 26 AM 8 45
DIVISION OF REGISTRATION
FILED
04 JUL 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

FILED
04 JUL 28 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert A. Pierce/Donna Marie Walters
(Requestor's Name)

227 S. Calhoun Street
(Address)

(Address)

Tallahassee, FL 32301 425-5457
(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

Capital City Surgical Center LLC
(Business Entity Name)

NEW
(Document Number)

Certified Copies _____ Certificate of Status _____

Special Instructions to Filing Officer:
Please see attached letter.

Office Use Only

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

July 26, 2004

FILED
04 JUL 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: Capital City Surgical Center LLC

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for Capital City Surgical Center LLC, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters
Legal Assistant

/dmw

Enclosures

RAPICAP CITY SURG CTR\SOS ltr LLC Arts 07.26.04
017839.40631

**ARTICLES OF ORGANIZATION
OF
CAPITAL CITY SURGICAL CENTER LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **CAPITAL CITY SURGICAL CENTER LLC**.

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

4913 Highgrove Road
Tallahassee, Florida 32309-2957

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

John T. "Tim" Leadbeater
227 South Calhoun Street
Tallahassee, Florida 32301-1805

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.


John T. "Tim" Leadbeater, Registered Agent

FILED
JUL 26 AM 10:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE 4.
Management**

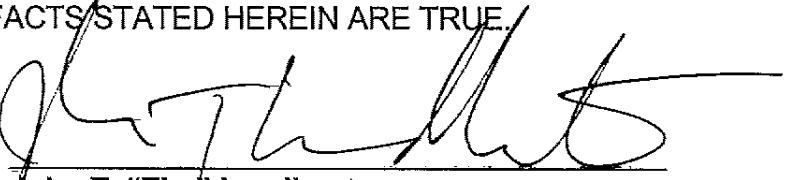
The name and address of each Managing Member are as follows:

Leonard S. Leichus, MGRM

4913 Highgrove Road
Tallahassee, Florida 32309-2957

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this _____ day of July, 2004.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

A handwritten signature in black ink, appearing to read 'John T. Leadbeater', is written over a horizontal line.

John T. "Tim" Leadbeater
Authorized Representative of the Member