1 of 1 Division of Corporation Florida Department of State **Division of Corporations** Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000093946 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. ាំក្នុង To: Division of Corporations Fax Number : (850)205-0383 From: VASION OF CORPORATION 50 Account Name : HUBCO APR Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516) 935-3088 ភ 2 œ 11 50 LIMITED LIABILITY COMPANY Boca Raton Medical And Sugical Specialists Management Company LLC Certificate of Status Ł Certified Copy Ø Page Count 02 Estimated Charge \$130.00 3 Electronic Filing Menu, Corporate Filing. **Public Access Help**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name

The name of the Limited Liability Company is: Boca Raton Medical and Surgical ARTICLE II - Address Specialists Management Company, LLC

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

Principal Office Address:

Mailing Address:

6400 Congress Avenue - Suite 1400

Boca Raton, FL 33487

6400 Congress Avenue - Suite 1400

Boca Raton, FL 33487

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Nathan E. Nachlas

Name

6400 Congress Avenue - Suite 1400

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33487

(City / State / Zip)

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.

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Registered Agent's Signature - Nathan E. Nachlas

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ARTICLE Dy - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGRM

Nathan E. Nachlas

Name and Address:

6400 Congress Avenue - Suite 1400, Boca Raton, FL 33487

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Nathan E. Nachlas

Typed or printed name of signee

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