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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

LIMITED LIABILITY COMPANY

Monitored Anesthesia Care Courses LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
05 JUN 17 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 JUN 17 PM 2:55
DIVISION OF CORPORATION

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Monitored Anesthesia Care Courses LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

210 S. Woodlynn Ave.

210 S. Woodlynn Ave.

Tampa FL, 33609

Tampa FL, 33609

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Silvia R. Boyd

Name

210 S. Woodlynn Ave.

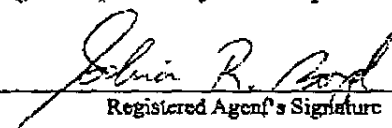
Florida street address (P. O. Box NOT acceptable)

Tampa,

FLORIDA 33609

City, State, and 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, Florida Statutes.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Silvia R. Boyd
210 S. Woodlynn Ave.
Tampa FL, 33609

MGRM

John W. Scheiger, M.D.
10722 Lake Alice Cove
Odessa FL, 33556

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Silvia R. Boyd
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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TALLAHASSEE, FLORIDA

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