

LD6000098371

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Special Instructions to Filing Officer:

Janina

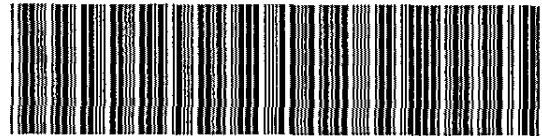
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/9/04 BY [signature]

DATE 10/9/04 BY [signature]

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2006

DR. JANINA STYPEREK  
2314 SEACREST BLVD., #202  
BOYNTON BEACH, FL 33435-6739

SUBJECT: SEACREST SURGICAL CENTER, LLC  
Ref. Number: W06000042472

We have received your document for SEACREST SURGICAL CENTER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 406A00057604

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seacrest Surgical Center, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Dr. Janina Styperek

(Name of Person)

Seacrest Surgical Center, LLC

(Firm/Company)

2314 Seacrest Blvd. #102

(Address)

Boynton Beach, FL 33435-6739

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Janina Styperek

(Name of Person)

at ( 561 ) 735-7766

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Seacrest Surgical Center, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

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

### Principal Office Address:

### Mailing Address:

2314 Seacrest Blvd. #102  
Boynton Beach, FL 33435-6739

Same as Principal Office Add.

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

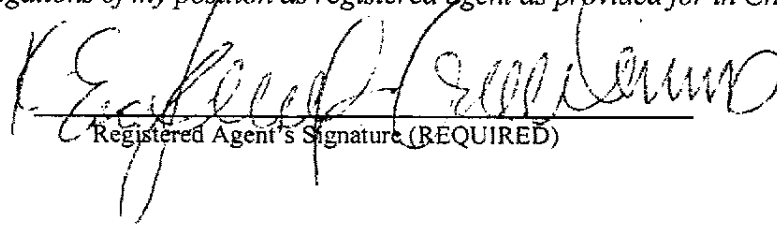
Dr. K Eva Styperek-Grohmann  
Name

2314 Seacrest Blvd. #102  
Florida street address (P.O. Box **NOT** acceptable)

Boynton Bch FL 33435  
City, State, and Zip

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*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 (REQUIRED)

(CONTINUED)

**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:**

MGR

Dr. Janina Styperek

Same as principal office

MGR

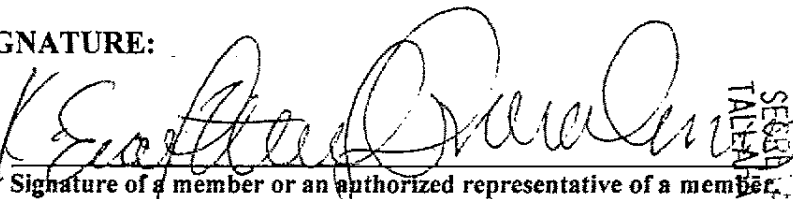
Dr. K. Eva Styperek-Grohmann

Same as principal office

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

K. Eva Styperek-Grohmann

Typed or printed name of signee

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)