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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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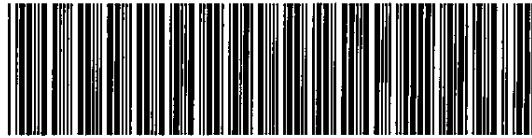
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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quante Anesthesia Services, 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:

Leon G. Nichols  
(Name of Person)  
Nichols Title Co.  
(Firm/Company)  
735-C Commerce Center Drive  
(Address)  
Sebastian, FL 32958  
(City/State and Zip Code)

For further information concerning this matter, please call:

Leon G. Nichols at (772) 581-0050  
(Name of Person) (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

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**ARTICLES OF ORGANIZATION  
OF  
QUANTE ANESTHESIA SERVICES, LLC.**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is QUANTE ANESTHESIA SERVICES, LLC.

**ARTICLE II**

**ADDRESS**

The mailing address of the Limited Liability Company's principal office is 1037 Marina Drive, North Palm Beach, Fl 33408.

The street address of the Limited Liability Company's principal office is 1037 Marina Drive, North Palm Beach, Fl 33408.

**ARTICLE III**

**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

**MANAGEMENT**

The Limited Liability Company is to be managed by the member who is designated, appointed, or elected to act as the managing member in accordance with the Operating Agreement of the Limited Liability Company.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
ALESIA QUANTE Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is QUANTE ANESTHESIA SERVICES, LLC.

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

Alesia Quante  
1037 Marina Drive  
North Palm Beach, Fl 33408

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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.

QUANTE ANESTHESIA SERVICES, LLC

ALESIA QUANTE

.....(name of registered agent, typed or printed).....

Registered Agent

By: Alesia Quante

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