

U07000085910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

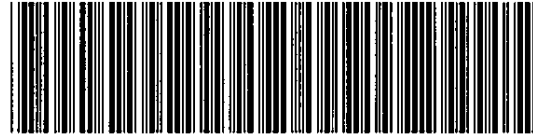
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8-20-07

**Articles of Organization
for
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
Tampa Bay Hernia Repair Institute LLC

Article II

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

**6450 38 Avenue North, Suite 320
St. Petersburg, FL 33710**

Article III

The purpose for which this Limited Liability Company is organized is:
Health care and medical practice.

Article IV

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

**Howard Drexel Dobson III
6450 38 Avenue North, Suite 320
St. Petersburg, FL 33710**

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 serve in tis 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.


Registered Agent Signature

Article V

The name and address of managing members/managers are:

**Title: MGRM
Howard Drexel Dobson III
6450 38 Avenue North, Suite 320
St. Petersburg, FL 33710**

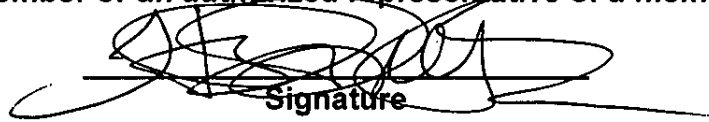
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Article VI

The effective date for this Limited Liability Company shall be:
August 20, 2007

Signature of member or an authorized representative of a member.


Signature

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