

LO8000000802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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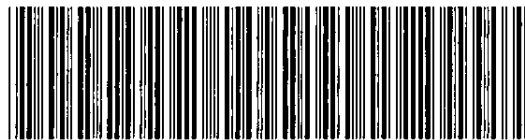
(Business Entity Name)

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 12/26/07

B. KOHR

JAN 03 2008

EXAMINER

FILED
08 JAN -3 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

EFFECTIVE DATE 12/26/07

FILED
08 JAN -3 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 01/03/2008

REF. #: 000447.79231

CORP. NAME: SEASCAPE SURGERY CENTER, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 524200 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

EFFECTIVE DATE 12/26/07

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SEASCAPE SURGERY CENTER, LLC**

1. Name. The name of this limited liability company is **SEASCAPE SURGERY CENTER, LLC**, a Florida limited liability company (the "Company").
2. Duration. The Company shall be effective on **December 26, 2007** and shall thereafter have perpetual existence.
3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.
4. Place of Business. The street address of the Company's principal office is 5379 Primrose Lake Circle, Tampa, Florida 33647, and the mailing address is P.O. Box 46937, Tampa, Florida 33647.
5. Registered Agent and Office. The name of the initial registered agent of the Company is CorpDirect Agents, Inc. The street address of the initial registered agent of the Company is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.
6. Contributions to the Company. No cash or property (other than cash) has been contributed to the Company by its member(s). No additional contributions have been agreed upon.
7. Additional Members. Additional members to the Company may be admitted, but only upon the consent of the member(s) of the Company at the time admission is sought.
8. Termination of Membership. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall be dissolved unless all remaining members agree in writing to continue the business of the Company.
9. Management of the Company. The Company shall be a single-member limited liability company and shall be managed in accordance with its operating agreement. Until changed by the operating agreement, the Company shall have the following officers: Paul Bowman, M.D. – Managing Member, President, Secretary, and Treasurer, and he shall have full power and authority to act for and on behalf of the Company, including, without limitation, to enter into contracts, open and close bank accounts, incur and pay debts and expenses, file papers with the Internal Revenue Service and other federal and state agencies, and engage professionals and other advisors, and all persons may rely on these Articles of Organization to deal directly with Paul Bowman, M.D. on all matters relating to the Company.

The undersigned executed these Articles of Organization on the 26th day of December, 2007.



By:

Joseph Rugg
Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of **SEASCAPE SURGERY CENTER, LLC**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Section 608.415, Florida Statutes.

EXECUTED this 2nd day of January, 2008.

CorpDirect Agents, Inc.

By: Katie Wonsch, Asst. Sec.