

L08000006645

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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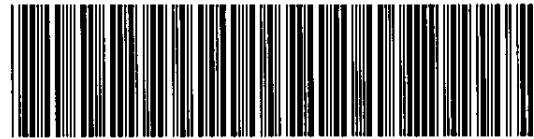
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JAN 18 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 408160 4369500

AUTHORIZATION :

COST LIMIT : \$ 125.00

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08 JAN 18 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 18, 2008

ORDER TIME : 11:48 AM

ORDER NO. : 408160-005

CUSTOMER NO: 4369500

DOMESTIC FILING

NAME: SURGICARE OF THE VILLAGES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
SURGICARE OF THE VILLAGES, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization of **SURGICARE OF THE VILLAGES, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

SURGICARE OF THE VILLAGES, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is 5901 S. W. 74th Street, Suite 408, Miami, Florida 33143.

ARTICLE III — Duration:

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

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

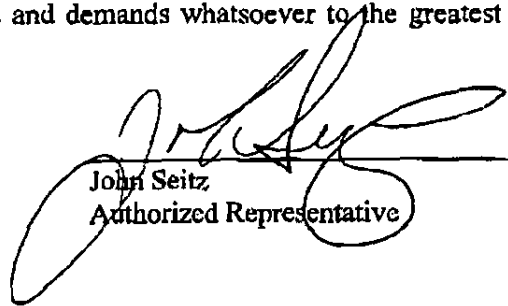
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To: 3053476500

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ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever to the greatest extent permitted under Florida law.



John Seitz
Authorized Representative

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SURGICARE OF THE VILLAGES, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Corporation Service Company

By: Heather Chapman

Print Name: Heather Chapman

Title: as its agent

Dated: January ¹⁸, 2008