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(City/State/Zip/Phone #)

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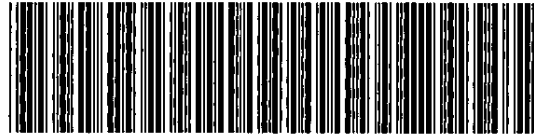
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1/15/08

FILED  
08 JAN 18 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Ouligan JAN 22 2008

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Native Cardiovascular, 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:

Joseph V. Pergolizzi, Jr., MD  
(Name of Person)

Native Cardiovascular, LLC  
(Firm/Company)

840 111<sup>th</sup> Avenue North, Suite 7,  
(Address)

Naples, FL 34108  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charlotte Richmond, PhD at (305) 804 - 9127  
(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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
NATIVE CARDIOVASCULAR, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, hereby executes these Articles of Organization for the purpose of forming a Florida Limited Liability Company, under the Florida Limited Liability Company Act, pursuant to Chapter 608 of the Florida Statutes, and hereby makes, acknowledges and files the following Articles of Organization ("Articles") providing for the formation, liabilities, rights, and privileges, of a Florida Limited Liability Company.

**ARTICLE I - Name:**

The name of the Limited Liability Company shall be:

Native Cardiovascular, LLC

**ARTICLE II - Addresses:**

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

840 111<sup>th</sup> Ave North, Suite 7, Naples, FL 34108

However, the Limited Liability Company may have such other places of business, both within and without the State of Florida and in foreign countries, as may be necessary and convenient.

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

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

Joseph V. Pergolizzi, Jr.

840 111<sup>th</sup> Ave North, Suite 7, Naples, FL 34108

*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

MGR

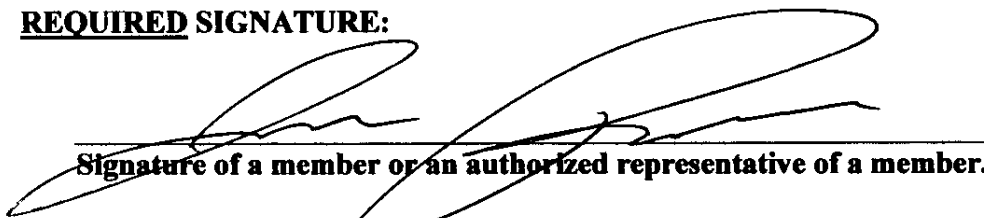
**Name and Address:**

Joseph V. Pergolizzi, Jr

840 111<sup>th</sup> Avenue North, Suite 7, Naples, FL 34108

**ARTICLE V: Effective date, if other than the date of filing: January 15, 2008**  
**(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.)

\_\_\_\_\_  
Joseph V. Pergolizzi, Jr., MD

Typed or printed name of signee

**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)**

**FILED**  
**08 JAN 18 PM 2:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**