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(Requestor's Name)

(Address)

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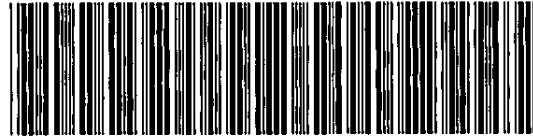
(Business Entity Name)

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B. KOHR

JUN 27 2008

EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 06/27/08

REF. #: 0447.88812

CORP. NAME: SURGERY PARTNERS OF MERRITT ISLAND, LLC

\* Please note  
effective date!  
Thanks!

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- |  |   |   |
|--|---|---|
| <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# 5216628 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <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

**ARTICLES OF ORGANIZATION  
OF  
SURGERY PARTNERS OF MERRITT ISLAND, LLC**

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TALLAHASSEE, FLORIDA

1. Name. The name of this limited liability company is **SURGERY PARTNERS OF MERRITT ISLAND, LLC**, a Florida limited liability company (the "Company").

2. Duration. The Company shall be effective on **June 27, 2008** 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 mailing and street address of the Company's principal office is 5501 West Gray Street, Tampa, Florida 33609.

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 members. 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 members 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 managed in accordance with the operating agreement adopted by all of the members. Until and unless changed by the operating agreement, the Company shall have the following officers: Rodolfo Gari, Jr., President and CEO; and Michael Doyle, Chief Operating Officer; and each officer 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 engage professionals and other advisors, and all persons may rely on these Articles of Organization to deal directly with each named individual on all matters relating to the Company.

The undersigned executed these Articles of Organization on the 27<sup>th</sup> day of June, 2008.



By: \_\_\_\_\_

Joseph Rugg  
Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

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Having been appointed the registered agent of **SURGERY PARTNERS OF MERRITT ISLAND, 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 27<sup>TH</sup> day of June, 2008.

**CorpDirect Agents, Inc.**

By: \_\_\_\_\_

*[Handwritten Signature]*