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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

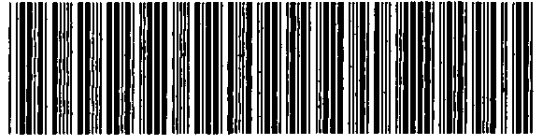
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. AUG 20 2008

GREGORY & REED
A Professional Corporation
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James R. Gregory
Steven J. Reed *+

Brianne K. Kurdock +
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* Also Member DC Bar
+ Also Member of NY Bar
^ Also Member of PA Bar

August 18, 2008

VIA FEDERAL EXPRESS

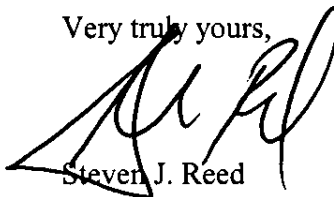
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Specialty Surgery of Miami Beach, LLC

Dear Sir or Madam:

Please find enclosed an original and copy of the Articles of Organization for a Florida Limited Liability Company as well as a check in the amount of \$160.00 representing the filing fee, certificate of status, and certified copy. Please return the Certificate of Status and the certified copy in the enclosed envelope.

Very truly yours,



Steven J. Reed

SJR:hjp
Enclosure
cc: Roger Findlay
Greg Maccia

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Specialty Surgery of Miami Beach, 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:

Roger Findlay

(Name of Person)

MSA Management Companies, LLC

(Firm/Company)

1719 Route 10 East, Suite 119

(Address)

Parsippany, New Jersey 07054

(City/State and Zip Code)

For further information concerning this matter, please call:

Roger Findlay

(Name of Person)

at (**973**) **714-9337**

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Specialty Surgery of Miami Beach, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

400 Arthur Godfrey Road

Suite 310

Miami Beach, Florida 33140

Mailing Address:

c/o MSA Management Companies, LLC

1719 Route 10 East

Parsippany, New Jersey 07054

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Keith Thornton

Name

7600 Collins Avenue, Suite 600

Florida street address (P.O. Box **NOT** acceptable)

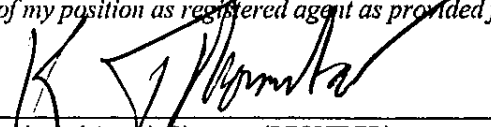
Miami Beach

FL 33140

City, State, and Zip

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TALLAHASSEE FLORIDA

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)

Page 1 of 2

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

Name and Address:

MGRM

MSA Management Companies, LLC

1719 Route East, Suite 119

Parsippany, New Jersey 07054

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Roger Findlay

Typed or printed name of signee

Member of MSA Management Companies, LLC

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)

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