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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

OCT - 3 2008

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

**The Ear, Nose, Throat & Plastic Surgery Associates SURGICAL
INVESTMENT GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **The Ear, Nose, Throat & Plastic Surgery Associates Surgical Investment Group, LLC**

ARTICLE II - Address:

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

**201 N. Lakemont Avenue, Suite 100
Winter Park, Florida 32792**

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

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

Deborah A. Byron
Name

201 N. Lakemont Avenue, Suite 100
Florida street address (P.O. Box **NOT** acceptable)

Winter Park, Florida 32792
City, State, and Zip

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 603, F.S..

Deborah A. Byron
Registered Agent's Signature: **Deborah A. Byron**

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Article V - Withdrawal of a Member:

As provided in the Company's Operating Agreement, a Member (the "Withdrawing Member") may withdraw from the Company only in accordance with the terms of the Company's Operating Agreement. The Withdrawing Member shall not be entitled to receive the "fair value" (within the meaning of Section 608.427 of the Act) of the Withdrawing Member's interest in the Company as of the effective date of withdrawal based on the Withdrawing Member's right to share in distributions from the Company or otherwise. Instead, the Withdrawing Member shall be entitled to receive the amounts, if any, set forth in the Company's Operating Agreement.

Henry N. Ho, M.D., Member

By: Henry N. Ho

Henry N. Ho, M.D., Member

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.)

Henry N. Ho, M.D.
Typed or printed name of signer

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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