

L080000098025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

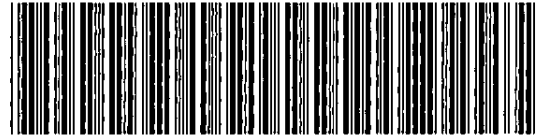
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/08--01006--014 **155.00

RECEIVED
08 OCT 17 AM 11:17
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 OCT 17 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 10/17/08

REF. #: 000650.94437

CORP. NAME: ANESTHESIA ASSOCIATES OF MIAMI-DADE COUNTY, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <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# 527978 FOR \$ \$155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
ANESTHESIA ASSOCIATES OF MIAMI-DADE COUNTY, LLC**

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Limited Liability Company is **ANESTHESIA ASSOCIATES OF MIAMI-DADE COUNTY, LLC** (the "Company").

**ARTICLE II
Principal and Mailing Address**

The mailing address and street address of the principal office of the Company is 15501 NW 67th Avenue, Suite 200, Miami Lakes, Florida 33104.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is B & C Corporate Services, Inc. and the address of the Company's registered office is 2 South Biscayne Boulevard, 21st Floor, Miami, Florida 33131.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 16th day of October, 2008.

MEMBER:


Robert H. Sculthorpe

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **ANESTHESIA ASSOCIATES OF MIAMI-DADE COUNTY, LLC**
2. The name and address of the registered agent and office is: B & C Corporate Services, Inc., 2 South Biscayne Boulevard, 21st Floor, Miami, Florida 33131.

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.

B & C Corporate Services, Inc.

By: 
Gisela Fasco, Vice President