

L090000076964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

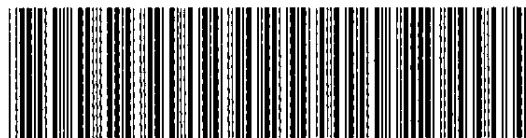
(Business Entity Name)

(Document Number)

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

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08/11/09--01008--011 \*\*155.00

RECEIVED  
09 AUG 11 AM 11:07  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 AUG 11 PM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

AUG 11 2009

EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/11/09

REF. #: RA2323.108808

CORP. NAME: SURGERY PARTNERS OF ARMENIA, LLC

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09 AUG 11 PM 1:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- |  |   |   |
|--|---|---|
| <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# 531335 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     |   |   |

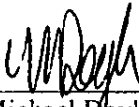
Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
SURGERY PARTNERS OF ARMENIA, LLC**

1. Name. The name of the limited liability company is **SURGERY PARTNERS OF ARMENIA, LLC** (the "Company").
2. Duration. The Company shall be effective upon the filing of these Articles of Organization and shall have perpetual existence thereafter.
3. Purpose. The Company is organized for the purpose of transacting all lawful activities and business that may be conducted by a limited liability company under Florida law.
4. Place of Business. The mailing address and street address of the Company's principal office is 5501 W. Gray Street, Tampa, Florida 33609.
5. Initial Registered Agent and Office. The name and Florida street address of the initial registered agent is CorpDirect Agents, Inc., 515 E. Park Avenue, Tallahassee, Florida 32301.
6. Additional Members. Additional members may be admitted to the Company, but only upon the consent of the existing Members of the Company at the time admission is sought, all in accordance with the Operating Agreement of the Company.
7. Termination of Membership. The remaining Members shall have the right to continue the business of the Company, and may agree to do so, 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.
8. Management and Officers of the Company. The Company shall be managed in accordance with the Operating Agreement adopted by all of the Members. Unless and until changed by the Operating Agreement, the Company shall have the following Officers until the earlier of his successor being appointed or his death or resignation: Michael Doyle as CEO, President, and Chief Operating Officer. 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 such named individual Officer on all matters relating to the Company.
9. Amendment. These Articles of Organization may be amended or restated in accordance with the terms and approval requirements of the Operating Agreement.

The undersigned executed these Articles of Organization on August 10, 2009.

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

  
Michael Doyle, CEO and  
Member's Authorized Representative

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TALLAHASSEE, FLORIDA

**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed as the registered agent of and to accept service of process for **SURGERY PARTNERS OF ARMENIA, LLC** at the address stated above, I hereby accept such appointment, agree to act in this capacity, and accept all obligations as registered agent as set forth in Chapter 608 of the Florida Statutes.

Dated: 08/11/09

CORPDIRECT AGENTS, INC.

By: Katie Wonsch

Print Name: Katie Wonsch

Print Title: Assistant Secretary