

L 09000090911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

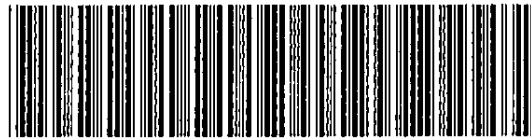
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800160623848

09/22/09--01001--017 **155.00

RECEIVED

09 SEP 21 PM 4:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

SEP 22 2009

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 AM 8:03

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 09/21/09

REF. #: 001518.111170

CORP. NAME: SOUTHEAST ANESTHESIA PARTNERS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 AM 8:03

- | | | |
|--|---|---|
| <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# 531825 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
SOUTHEAST ANESTHESIA PARTNERS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 AM 8:03

ARTICLE I - Name

The name of the Limited Liability Company is Southeast Anesthesia Partners LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 3079 Peachtree Industrial Boulevard, Duluth, Georgia 30097.

ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 515 E. Park Avenue, Tallahassee, FL 32301, and the name of its initial registered agent at such office is CorpDirect Agents, Inc.

ARTICLE IV - Manager(s)

The Company is to be a manager-managed company. The name and address of each initial Manager is as follows:

Sean M. Lynch
3079 Peachtree Industrial Boulevard
Duluth, Georgia 30097

Greg Wachowiak
3079 Peachtree Industrial Boulevard
Duluth, Georgia 30097

ARTICLE V - Initial Member

The name and address of the initial Member of the Company is as follows:

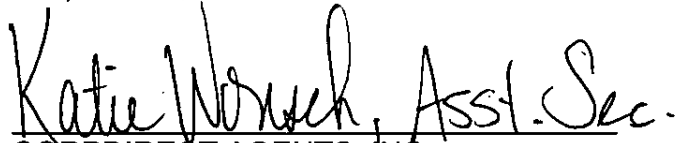
Andre Dobson
3079 Peachtree Industrial Boulevard
Duluth, Georgia 30097

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. Dated this 21st day of September, 2009.


Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608. Dated this 21st day of September, 2009.


CORPDIRECT AGENTS, INC.
Registered Agent