

From: PYLE, DELLINGER
Division of Corporations

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Page 1 of 1

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From:

Account Name : PYLE & DELLINGER, PL.
Account Number : I20000000053
Phone : (386) 615-9007
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Surgical Partners of Central Florida, LLC

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| Certificate of Status | 0 |
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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
SURGICAL PARTNERS OF CENTRAL FLORIDA, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **SURGICAL PARTNERS OF CENTRAL FLORIDA, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **4055 High Ridge Dr., New Smyrna Beach, FL 32168**.

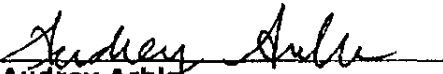
**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name of the Registered Agent is **Audrey Arble** and Florida street address of the registered agent is **4055 High Ridge Dr., New Smyrna Beach, FL 32168**.

**ARTICLE IV
MANAGEMENT**

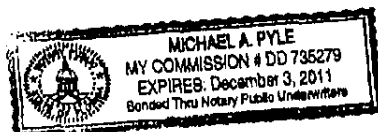
The Company is managed by a Manager. The person initially appointed as Manager is **Audrey Arble**.

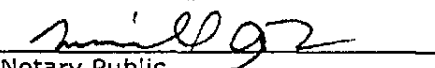
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 22nd day of October, 2009.


Audrey Arble

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 22nd day of October, 2009, by **Audrey Arble** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.





Notary Public
Michael A. Pyle
(Printed Name)
My Commission Expires: _____

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.


Audrey Arble, Registered Agent

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