

Corporate L10 0000000 13066752811 321 p.1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000001147 3)))



H100000011473ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.
CARDIOVASCULAR INSTITUTE OF ORLANDO, PLE

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

10 JAN -4 AM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN -4 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS
Help

JAN - 5 2010

EXAMINER

#1-100000011473

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CARDIOVASCULAR INSTITUTE OF ORLANDO, PLLC

ARTICLE II PURPOSE

The sole and specific purpose for which the company is initially organized shall be to render professional services to the public which a cardiovascular physician, duly licensed or legally authorized, may render under the law of Florida.

ARTICLE III ADDRESS

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

7975 LAKE UNDERHILL ROAD, STE 360
ORLANDO, FLORIDA 32828

**ARTICLE IV REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SUVARCHALA DEVI DARA
2642 FAWN LAKE TRAIL
ORLANDO, FLORIDA 32828

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN -4 AM 10:25

FILED

Having been named as registered agent 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 608, F.S.

x Suvarchala

g

SUVARCHALA DEVI DARA / Registered Agent's signature

#1-100000011473

H-10000001147-3

PAGE 2 CARDIOVASCULAR INSTITUTE OF ORLANDO, PLLC

ARTICLE V MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE VI MEMBERS (optional)

MANAGING MEMBER
SUVARCHALA DEVI DARA
7975 LAKE UNDERHILL ROAD, STE 360
ORLANDO, FLORIDA 32828

2010 JAN -4 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

.....

X Suvarchala D.

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.

SUVARCHALA DEVI DARA

H-10000001147-3