## 1000020294

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**EXAMINER** 



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SECRETARY OF STATE ON STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TAMPA PAO LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William G. Wright Name of Person
TAMPA P20, LLC Firm/Company
672 Soundview Brive
Palm Harbor Florida 34683 City/State and Zin Code
wwrighteAmericanVascularAccess, com  JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Wright at (727) 639-6090  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sqrt{125.00}\$ \text{Filing Fee} \text{ \$\sqrt{130.00}}\$ \text{Filing Fee} \text{ \$\sqrt{155.00}}\$ \text{Filing Fee} \text{ \$\sqrt{160.00}}\$ \text{Filing Fee}, \text{ \$\center{Certificate}}\$ \text{ \$\center{Certified Copy}}\$ \text
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
TAMPA PQO, LLC (Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
672 Soundview Brive PAlm Harbor, FL 34683	672 Soundview Drive PAlm HARber, FL 34683
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
WILLIAM WR.	75 JF RY CO
Name  672 Source  Florida street address (P.O. 1)  PALM HAPPER  City, State, and	Box NOT acceptable)  FL 34683
Having been named as registered agent and to a	ccept 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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	William G. Wright 672 Soundview Drive Palm Harbor, FL 34683
MGRM	Ross Puzzitello 4153 ARI, ng ton De Palm Harasok F1 34685
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
	e date of filing: (OPTIONAL)  ne specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a memb	ev or an authorized representative of a member.
(In accordance with	etion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury
Filing Fees:	yped or printed name of signee
\$125.00 Filing Fee for Articles of Orga	anization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)