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(Requestor's Name)

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**FILED**  
2011 JUN 24 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**C. LEWIS**  
JUN 27 2011  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SFM Surgery VI, 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:

Monica Wallace

Name of Person

McDermott Will & Emery, LLP

Firm/Company

227 W. Monroe, Suite 4400

Address

Chicago, IL 60606

City/State and Zip Code

mwallace@mwe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Wallace

Name of Person

at ( 312 ) 984-7757

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF  
SFM SURGERY VI, LLC

FILED  
2011 JUN 24 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The undersigned, being authorized to execute and file these Articles of Organization of SFM Surgery VI, LLC (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

SFM Surgery VI, LLC

**ARTICLE II — Address:**

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

3343 State Road 7  
Wellington, Florida 33449

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

Ravi Patel  
3343 State Road 7  
Wellington, Florida 33449

**ARTICLE V — Management:**

The Limited Liability Company will be a member-managed company and the managing member is South Florida Medicine, LLC.

**ARTICLE VI — Effective Date:**

These Articles of Organization shall be effective upon filing.

\* \* \* \* \*

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 23 day of June, 2011.

**SFM Surgery VI, LLC, a Florida limited liability company**

By: 

Name: Ravi Patel

Title: Managing Director of South Florida Medicine, LLC, Managing Member of the Limited Liability Company

FILED  
2011 JUN 24 AM 11:20  
CLERK OF DISTRICT COURT  
PALM BEACH COUNTY  
FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**SFM Surgery VI, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.*

  
Name: Ravi Patel

Dated: June 23 2011

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2011 JUN 24 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA