

01/19/2012

12:28

SHUMAKER LOOP & KENDRICK

FAX 813 229 1660

P.001/003

L12000009222

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.

((H12000016030 3)))



H120000160303ABCN

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 : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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

Email Address: eaebel@slk-law.com

RECEIVED

12 JAN 19 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

Blue Wave Psychiatry LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

12 JAN 19 AM 7:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

12 JAN 20 2012

H12000016030 3

Articles of Organization

of

Blue Wave Psychiatry LLC

ARTICLE I – Name:

The name of the limited liability company is Blue Wave Psychiatry LLC.

ARTICLE II – Address:

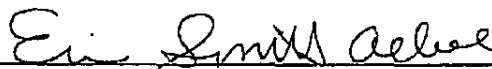
The street and mailing address of the principal office of the limited liability company is:

101 E. Kennedy Blvd., Suite 2800
Tampa, Florida 33602

ARTICLE III – Management:

The limited liability company is to be managed by a manager or managers. The name of the initial manager is Felix Bradley Widlacki.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 19th day of January 2012.



Signature of 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.)

Erin Smith Aebel, Esq.

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 19 AM 7:48

H12000016030 3


**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Blue Wave Psychiatry LLC.**
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

Having been named as registered agent and 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.



Erin Smith Aebel, Esq.
Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 19 AM 7:48