

L12000016831

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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12 FEB -3 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oulman FEB -6 2012

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lakeland Cardiovascular Institute, L.L.C.

Signature \_\_\_\_\_

Requested by: Seth

2/3/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF**

**LAKELAND CARDIOVASCULAR INSTITUTE, L.L.C.**

**FILED**  
**12 FEB -3 AM 8: 53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company (the "Company") shall be Lakeland Cardiovascular Institute, L.L.C.

**ARTICLE II - DURATION**

The limited liability company shall have perpetual duration.

**ARTICLE III - PRINCIPAL PLACE OF BUSINESS AND ADDRESS**

The principal place of business and the address of the Company shall be 2120 Lakeland Hills Boulevard, Lakeland, Florida 33805 and its mailing address is the same.

**ARTICLE IV - PURPOSES AND POWERS**

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida in connection therewith. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

**ARTICLE V - REGISTERED OFFICE AND AGENT**

The name of the registered agent of the Company in the State of Florida is Jonn D. Hoppe, and its address is 225 E. Lemon Street, Suite 300, Lakeland, Florida 33801.

ARTICLE VI - MANAGEMENT

The Company shall be manager-managed. The signature of a Manager of the Company signing on behalf of the Company may be relied on as sufficient evidence of the action of the Company and that such action has been authorized by the consent of the Members as provided in the Operating Agreement.

ARTICLE VII - OPERATING AGREEMENT

The Members of the Company shall hereafter adopt an Operating Agreement setting forth all the terms, provisions, conditions and covenants by which the Company will be governed. The power to adopt, alter, amend or repeal the Operating Agreement shall be vested in the Members of the Company as further set forth in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned, as organizer, hereby execute these articles of organization this 2 day of February, 2012.

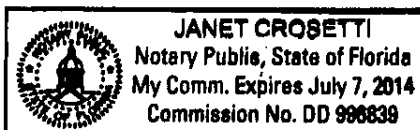
  
\_\_\_\_\_  
John D. Hoppe, Organizer

STATE OF FLORIDA  
COUNTY OF POLK

Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared John D. Hoppe, who ☒ is personally known to me or who ☐ has produced n/a as identification.

WITNESS my hand and official seal this 2 day of February, 2012.

(NOTARIAL SEAL)

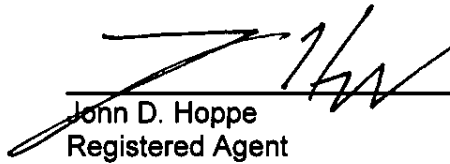


  
\_\_\_\_\_  
Notary Public  
My Commission Expires:

### ACCEPTANCE

Having been named to accept service of process for Lakeland Cardiovascular Institute, L.L.C. at the place designated as stated in these Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Chapter 608, Florida Limited Liability Company Act.

DATED this 2 day of February, 2012.

  
\_\_\_\_\_  
John D. Hoppe  
Registered Agent

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12 FEB -3 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA