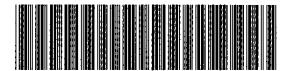
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(Requestor's Name)				
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Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPRUYEU AND FILED

D. BRUCE

AUG 29 2012

**EXAMINER** 

## **COVER LETTER**

	ion Section of Corporations			
SUBJECT: SF	M Urology XVIII, LI	LC		
5000E11	<del></del>	ited Liability Company		
The enclosed Artic	les of Organization and fee(s) are	e submitted for filing.		
Please return all co	rrespondence concerning this ma	atter to the following:		
Matthe	w S. Smith			
		Name of Person		
McDer	mott Will & Emery			
		Firm/Company	· · · · · ·	
227 W	. Monroe, Suite 440	00		
		Address		
Chicago	, IL 60606			
		ity/State and Zip Code		
mssmith	@mwe.com		\$550 ALL	
	E-mail address: (to be used	for future annual report notification)	AUS AHJ	<b>)</b>
For further information	tion concerning this matter, pleas	se call:	AUG 28 REJARY AHASSE	T ≥ Z
Matthew Smit	:h	at ( 312 ) 899-7251	E STATE	OVED POVED
N	ame of Person	Area Code & Daytime Telephone Number	II: 53	
Enclosed is a chec	k for the following amount:		Ţ	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filed Copy Certificate (additional copy is enclosed) Certified C (additional co	of Status &	
	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 SFM UROLOGY XVIII, LLC

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

#### ARTICLE I — Name:

The name of the Limited Liability Company is:

SFM Urology XVIII, 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 24 day of August, 2012.

SFM Urology XVIII, LLC, a Florida

limited liability company

By: ////
Name: Ravi/Parel

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

Limited Liability Company

12 AUG 28 AHII: 5

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## STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

#### SFM Urology XVIII, 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 Pat

Dated: August 2012

SECRETARY OF STATE TALLAHASSEE, FLOORING

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