## 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.

(((H12000219136 3)))



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

: SMITH HULSEY & BUSEY

Account Number: 075030000653 Phone

: (904)359-7700

Fax Number

: (904)359-7712

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

Email Address: Mnot

ؽ

### FLORIDA LIMITED LIABILITY CO. Kahuna Anesthetics, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

**EXAMINER** 

(((H12000219136 3)))

## ARTICLES OF ORGANIZATION

OF

#### KAHUNA ANESTHETICS, LLC

The undersigned organizer, who is the authorized representative of Kahuna Anesthetics, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

#### **ARTICLE I - NAME**

The name of the Company is Kahuna Anesthetics, LLC.

#### ARTICLE II - PRINCIPAL OFFICE

The street address and the mailing address of the principal office of the Company are 225 Water Street, Suite 1800, Jacksonville, Florida 32202.

#### ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are Smith Hulsey & Busey, Professional Association, 225 Water Street, Suite 1800, Jacksonville, Florida 32202.

#### ARTICLE IV - MANAGEMENT

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 4<sup>th</sup> day of September, 2012.

leanne E. Helton

Authorized Representative

00809210

(((H120002191363)))

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, KAHUNA ANESTHETICS, LLC, A FLORIDA 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 Kahuna Anesthetics, LLC.
- 2. The name and the Florida street address of the registered agent and office are Smith Hulsey & Busey, Professional Association, 225 Water Street, Suite 1800, Jacksonville, Florida 32202.

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, Smith Hulsey & Busey, Professional Association, hereby accepts the appointment as registered agent and agrees to act in this capacity. Smith Hulsey & Busey, Professional Association, further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION

Stephen D. Moore, Jr.

Assistant Secretary

Date: September 4, 2012

00809210