

L13000004005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

JAN -8 2013

B. KOHR



300242162333

01/07/13--01025--010 \*\*130.00

EFFECTIVE DATE 1/1/2013

FILED  
13 JAN -7 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

EFFECTIVE DATE 1/1/2017

SUBJECT: CORE CONCEPTS ANESTHESIA REVIEW 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:

DAVID M. VAN ESS  
(Name of Person)

CORE CONCEPTS ANESTHESIA REVIEW LLC  
(Firm/Company)

340 GULF OF MEXICO DRIVE APT 12  
(Address)

LONG BOAT KEY FL 34228  
(City/State and Zip Code)

FILED  
13 JAN - 7 PM 3:01  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

STEVEN A. GIRIONI CPA at ( 860 ) 663-2053  
(Name of Person) (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

EFFECTIVE DATE 11/1/2013

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CORE CONCEPTS ANESTHESIA REVIEW

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

340 GULF OF MEXICO DR APT 121  
LONG BOAT KEY FL 34228

340 GULF OF MEXICO DR APT 121  
LONG BOAT KEY FL 34228

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DAVID M. VAN ESS  
Name

340 GULF OF MEXICO DR APT 121  
Florida street address (P.O. Box **NOT** acceptable)

LONG BOAT KEY FL 34228  
City, State, and Zip

*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 as provided for in Chapter 608, F.S..*

\*   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

DAVID M. VAN ESS  
340 GOLF OF MEXICO DR Apt 121  
LONG BEACH KEY FL 34228

MGR

MARIANNE COSAROVE  
64 SIGNAL HILL ROAD  
MADISON CT 06443

\_\_\_\_\_

\_\_\_\_\_

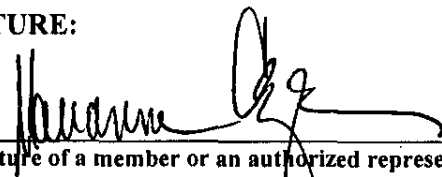
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/2013. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

\* 

Signature of a member or 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.)

MARIANNE COSAROVE  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)