

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L13000136358

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.

((H13000214808 3)))



H130002148083ABC.

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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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

Email Address: dawn@smythhauckcpa.com

FLORIDA LIMITED LIABILITY CO.
South Shore Anesthesia LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
 13 SEP 26 PM 3:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

J. SAULSBERRY
 EXAMINER
 SEP 27 2013
 Help

FAX AUDIT # H130002148083

**ARTICLES OF ORGANIZATION
OF
South Shore Anesthesia LLC**

ARTICLE I NAME

The name of the limited liability company shall be: South Shore Anesthesia LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 230 Sussex Circle, Jupiter, Florida 33458.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Ray Bernard, 230 Sussex Circle, Jupiter, Florida 33458 Located in the County of Palm Beach


ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is:

Ray Bernard, 230 Sussex Circle, Jupiter, Florida 33458


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

Date: September 16, 2013

FAX AUDIT # H130002148083

STATE OF FLORIDA
JUL 16 2013 11:07

2013 SEP 26 AM 8:57

FILED

FAX AUDIT # H130002148083


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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is: South Shore Anesthesia LLC

The name and address of the registered agent and office is Ray Bernard, 230 Sussex Circle, Jupiter,
Florida 33458. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature: 
Ray Bernard

Date: 9/23/13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 SEP 26 AM 8:57

FILED

FAX AUDIT # H130002148083