

L1300015 2746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

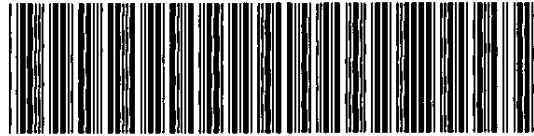
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700252816127

10/29/13--01003--013 **130.00

RECEIVED
DEPARTMENT OF STATE
13 OCT 29 AM 11:40
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 30 2013

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CGRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 10/29/13

REF. #: 8940634

CORP. NAME: BAMMA ANESTHESIA, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70009020 **FOR \$** 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2013 OCT 29 AM 10:28
STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF ORGANIZATION

OF

BAMMA ANESTHESIA, LLC

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "**Company**") under the Florida Limited Liability Company Act (the "**Act**"), as follows:

NAME

The name of the Company is: **BAMMA ANESTHESIA, LLC.**

MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company is:

501 Glades Road
Boca Raton, Florida 33432

NAME AND ADDRESS OF SOLE MANAGER

The name and address of the sole Manager of the Company is:

Harvey Plosker, M.D.
501 Glades Road
Boca Raton, Florida 33432

EXISTENCE

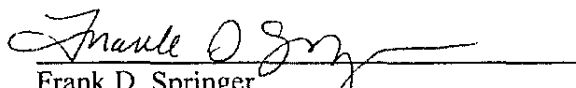
The Company's existence will commence upon filing.

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office:

NRAI Services, Inc.,
1200 South Pine Island Road
Plantation, FL 33324

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Frank D. Springer
Authorized Representative of Member

2013 OCT 29 AM 10:28
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.



NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324
Michele Holden, Asst. Sect

Dated: October 29 2013

2013 OCT 29 AM 10:28
STATE OF FLORIDA
TALLAHASSEE, FLORIDA