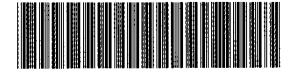
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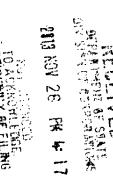
(Red	questor's Name)	
(Ado	dress)	<u></u>
(Add	dress)	
(City	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900253928629

EFFECTIVE DATE



2013 NOV 26 AM IO: 23

N. Guillyan NOV 2 7 2013



ION SERVICE COMPANY
ACCOUNT NO. : I2000000195
REFERENCE: 899664 4368890
AUTHORIZATION: Syncholic man
COST LIMIT : \$ 125.00
ORDER DATE: November 26, 2013
ORDER TIME : 3:39 PM
ORDER NO. : 899664-005
CUSTOMER NO: 4368890
**
DOMESTIC FILING
NAME: DOCS SURGICAL FACILITY DEVELOPMENT GROUP LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Carina L. Dunlap - EXT. 52951
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -			
ine name of th	e Limited Liability Company i	s:	
Docs Surgical Fac	ility Development Group, LLC		
	(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	dress and street address of the	principal office of the Limited Liability	Company is:
Principal Offic	ee Address:	Mailing Address:	
c/o Friedlander & A	Associates, LLC	c/o Friedlander & Associates, LLC	
1979 Marcus Avenue S - 210		1979 Marcus Avenue S - 210	Annual.
Lake Success, Nev	v York 11042	Lake Success, New York 11042	
(The Limited Liabilit business entity with	- Registered Agent, Registered y Company cannot serve as its own Region an active Florida registration.) The Florida street address of the	ed Office, & Registered Agent's Signal stered Agent. You must designate an individual or a registered agent are:	nother
	Corporation Service Company		2013 NOV SECRETA TALLAHA
	Nam	e	OV 2
	1201 Hays Street		SEE OF L
	Florida street ac	Idress (P.O. Box NOT acceptable)	当児童に
	Tallahassee,	_{FL} 32301	
	City, S	tate, and Zip	87 ~

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)

Carina L. Dunlap

Asst. Vice President

(CONTINUED)

Page 1 of 2

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:	
MGRM	Charles N. Friedlander, c/o Friedlander & Associates, LLC	
	1979 Marcus Avenue S - 210	
	Lake Success, New York 11042	
MGRM	Richard Ventimiglia, c/o Friedlander & Associates, LLC	
	1979 Marcus Avenue S - 210	
	Lake Success, New York 11042	
MGRM	Glovanna Guerci, c/o Friedlander & Associates, LLC	
· · · · · · · · · · · · · · · · · · ·	1979 Marcus Avenue S - 210	
	Lake Success, New York 11042	
(Use attachment if necessary)		
prior to or 90 days after the date of filing.)	te date of filing: January 1, 2014 (OPTION st be specific and cannot be more than five busin	,
REQUIRED SIGNATURE:		_
		2013 NOV Secret Falland
Signature of a memb	er or an authorized representative of a member.	₹
(In accordance with section 60		公等 ~

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)