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To:

Division of Corporations
Fax Number : (850) 617-6383

From: CARRIE RAMOS PARALEGAL, PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Comprehensive Cardiovascular Specialists, LLC

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

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T. HAMPTON

ARTICLES OF ORGANIZATION
OF
COMPREHENSIVE CARDIOVASCULAR SPECIALISTS, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 605, *Florida Statutes*, hereby states as follows.

ARTICLE I - NAME

The name of this limited liability company (the "Company") is Comprehensive Cardiovascular Specialists, LLC.

ARTICLE II - PRINCIPAL OFFICE

The street address and mailing address of the principal office of the Company is 1523 Hanks Ave., Orlando, Florida 32814.


ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is Saqib Ishaq, Esq., 301 E. Pine Street, Suite 1400, Orlando, Florida 32801.

ARTICLE IV - MANAGERS

The initial manager member of the Company is Zaheed Tai, D.O.

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 21st day of March, 2014.


SAQIB ISHAQ, a person
authorized by a member to sign the
Articles of Organization

SAQIB ISHAQ, ESQ.
FLORIDA BAR NO. 0027961
GRAYROBINSON, P.A.
301 E. Pine St., Suite 1400
Orlando, FL 32801

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Section 605.0113, *Florida Statutes*, the following is submitted in compliance with said Act:

FIRST, that Comprehensive Cardiovascular Specialists, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Orlando, County of Orange, State of Florida, has named SAQIB ISHAQ, ESQ., 301 E. Pine St., Suite 1400, Orlando, FL 32801 as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, *Florida Statutes*, and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.


SAQIB ISHAQ, ESQ.

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