

Florida Department of State Division of Corporations

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(((H140000690113)))



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Tim Burch Regulatory Specialist II

Division of Corporations

Fax Number

: (850)617-6383

THIS IS A RESUBMISSION, THANKS.

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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FLORIDA LIMITED LIABILITY CO.

Vascular Intervention Partners, LLC

Certificate of Status	0
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B. BOSTICK

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EXAMINER

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ARTICLES OF ORGANIZATION

OF

VASCULAR INTERVENTION PARTNERS, 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 Vascular Intervention Partners, LLC.

ARTICLE II - PRINCIPAL OFFICE

The street address and mailing address of the principal office of the Company is 155 S. Court Ave., Unit 2602, Orlando, Florida 32801.

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 Sagib Ishaq, Esq., 301 E. Pine Street, Suite 1400, Orlando, Florida 32801.

ARTICLE IV -MANAGERS

The initial manager member of the Company is Manu Sehgal, M.D.

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

SAQIB ISHAQ, a person

authorized by a member to sign these

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 Vascular Intervention Partners, 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 605 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.