

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000079921  
FILED 8:00 AM  
May 16, 2014  
Sec. Of State  
syoung

**Article I**

The name of the Limited Liability Company is:  
CAROL LEWIS, SURGICAL ASSISTING PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1300 POWIS ROAD  
ST AUGUSTINE, FL. US 32095

The mailing address of the Limited Liability Company is:  
1300 POWIS ROAD  
ST AUGUSTINE, FL. US 32095

**Article III**

Other provisions, if any:  
SURGICAL ASSISTANCE- ASSISTING SURGEONS DURING SURGERY IN  
THE OPERATING ROOM.

**Article IV**

The name and Florida street address of the registered agent is:  
REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: RYAN ANHORN

## Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
CAROL LEWIS  
1300 POWIS ROAD  
ST AUGUSTINE, FL. 32095

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Signature of member or an authorized representative

Electronic Signature: RYAN ANHORN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.