

L14000114285-

(Requestor's Name)

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2014 JUL 18 AM 11:00
SECRETARY OF STATE
FILING & SERVICE DIVISION

RECEIVED
14 JUL 18 PM 2:10
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 221338 7466316

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : July 18, 2014

ORDER TIME : 11:59 AM

ORDER NO. : 221338-005

CUSTOMER NO: 7466316

FILED
2014 JUL 18 AM 11:00
CLERK OF DISTRICT COURT
JULIA M. STEPHENSON

DOMESTIC FILING

NAME: CARDIO AND VASCULAR
OUTPATIENT SURGERY, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62925

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cardio and Vascular Outpatient Surgery, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1005 W. Indiantown Road, Suite 101
Jupiter, FL 33458

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

H. Stacy Scroggins

Name

1005 W. Indiantown Road, Suite 101

Florida street address (P.O. Box NOT acceptable)

Jupiter

FL 33458

City

Zip

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 605, F.S.

By: H. Stacy Scroggins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2014 JUL 18 AM 11:00

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

H. Stacy Scroggins

1005 W. Indiantown Road, Suite 101

Jupiter, FL 33458

2014 JUL 18 AM 11:00
RECEIVED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 11TH JUDICIAL CIRCUIT
IN FLORIDA
JUPITER, FLORIDA

FILED

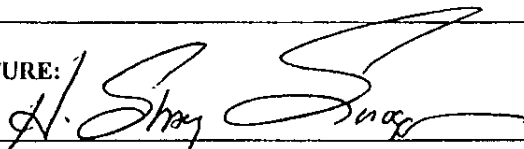
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

H. Stacy Scroggins

Typed or printed name of signee

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)