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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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Fax Number : (561)828-2262

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Advanced Minimally Invasive Surgery Center, LLC

Certificate of Status	1
Certified Copy	0
Page Count	4
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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September 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations
CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: ADVANCED MINIMALLY INVASIVE SURGERY CENTER, LLC
REF: W14000056824

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000217149
Letter Number: 114A00019875

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Articles of Organization for Florida Limited Liability Company

ARTICLE 1 – Name:

The name of the Limited Liability Company is ADVANCED MINIMALLY INVASIVE SURGERY CENTER, LLC.

ARTICLE 2 – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
21097 NE 27th COURT, SUITE 540
AVENTURA, FL 33180

ARTICLE 3 – Registered Agent, Registered Office and Registered Agent's Signature:

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

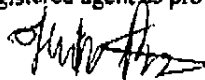
CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, SUITE #221E
PALM BEACH GARDENS, FL 33410

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TALLAHASSEE, FLORIDA

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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.



Timothy Pratts, Special Secretary

Registered Agent's Signature

ARTICLE 4 – Management

The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company.

The name and address of person(s) authorized to manage the Company is:

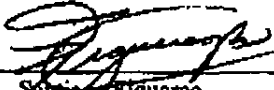
Santiago Figueroa, Manager
20197 NE 27th Court, Suite 540
Aventura, FL 33180

ARTICLE 5 – Limitation on Agency Authority of Members

Pursuant to section 605.0201(3)(d) of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

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SIGNATURE OF MEMBER OF AUTHORIZED MEMBER


Santiago Figueroa

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated therein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st of the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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