

#L15000000494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

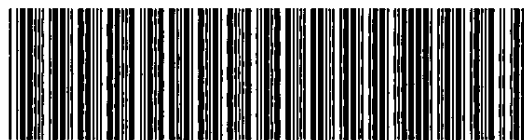
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/08/14--01019--013 **125.00

EFFECTIVE DATE
1-1-2015

FILED
2014 DEC 29 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

JAN - 1 2015

2546



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2014

JASON ALONSO
3045 WASHINGTON ST
MIAMI, FL 33133

SUBJECT: ANESTHESIA RESOURCES, L.L.C.
Ref. Number: W14000074076

RECEIVED
14 DEC 29 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for ANESTHESIA RESOURCES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00026280

December 23, 2014

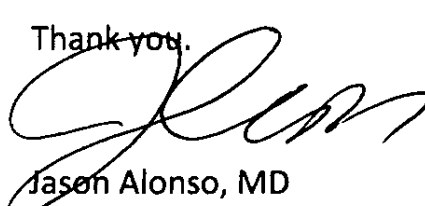
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

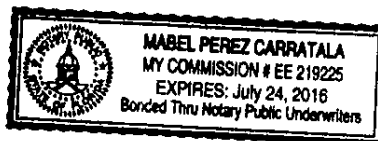
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ANESTHESIA RESOURCES, L.L.C.
REF. Number: W14000074076


As discussed with Mr. Justin M. Shivers on December 23, 2014, I am the owner of the now dissolved ANESTHESIA RESOURCES, P.A. and have filed for my new corporation as ANESTHESIA RESOURCES, L.L.C. I am providing this letter as an affidavit. As the dissolved business entity owner, let it be known that I have no intention of revoking the dissolution, and am, therefore, releasing the name for use to another entity. Hopefully, this will resolve the issue and we may proceed with filing for ANESTHESIA RESOURCES, L.L.C. The effective date will be 01/01/2015.

Thank you.


Jason Alonso, MD
3045 Washington Street
Miami, Florida 33133-3827
305-298-6275 Mobile



Sworn to and subscribed before me this
23 day of December, 2014
by Jason Alexander Alonso

Signature of Notary Public 

Notary's Name, Printed, Stamped or Typed
Personally Known: or produced ID X
type of ID produced: ED: A45243165
0200

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anesthesia Resources, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Alonso, MD.
Name of Person

Firm/Company

3045 Washington Street
Address

Miami, FL 33133
City/State and Zip Code

AnesthesiaResourcesLLC@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Alonso, MD. at (786) 518-2417
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
1-1-2015

Anesthesia Resources, L.L.C.

(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:

3045 Washington Street

Miami, FL 33133

3045 Washington Street

Miami, FL 33133

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:

Jason Alonso, MD.

Name

3045 Washington Street

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

Miami

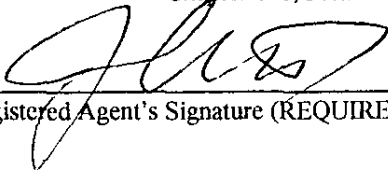
City

FL 33133

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2014 DEC 29 PM
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TALLAHASSEE, FLORIDA

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:

Jason Alonso, MD.

3045 Washington Street

Miami, FL 33133

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2015 (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.)

Jason Alonso, MD.

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)