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TO ACKNOWLEDGE JALLAHASSEE FLOR

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February 11, 2015

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9440988 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Secretary of State, Florida:

Please obtain the following:

ASC Specialists of Florida, LLC (FL)

Formation

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist 2015 FEB 11 AM 10: 58

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	• •			
SCA Specialists of Flori				
(M)	ist end with the words."Lir	nited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and :	street address of the princi	pal office of the	e Limited Liability Company is:	
Principal Office Address:		Mailing Address:		
569 Brookwood Village, Suite 901		569 Brookwood Village, Suite 901		
HA HAMMANIANA TIMESA	DMILL 2VI	_309 Bh	OOK MOOR ATHREST DRIES SAT	_
Birmingham, AL 35209  RTICLE III - Register   The Limited Liability Con	ed Agent, Registered Off	Birmin    Ce, & Register   Dwn Registered	igham, AL 35209	  vidual
RTICLE III - Register The Limited Liability Contact business entity wi	ed Agent, Registered Off mpany cannot serve as its th an active Florida registr street address of the registe	Birmin    Ce, & Register   Dwn Registered   ation.)	gham, AL 35209  red Agent's Signature;  Agent, You must designate an indiv	  vidual
Birmingham, AL 35209  ARTICLE III - Register The Limited Liability Connother business entity wi	ed Agent, Registered Off mpany cannot serve as its of th an active Florida registr street address of the registe CT Comp	Birmin lce, & Register own Registered ation.)	gham, AL 35209  red Agent's Signature;  Agent, You must designate an indiv	  ridual
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Birmingham, AL 35209  ARTICLE III - Register The Limited Liability Connother business entity with the name and the Florida in	ed Agent, Registered Off mpany cannot serve as its th an active Florida registr street address of the registe CT Compo	Birmin  lee, & Register own Registered ation.)  red agent are: ration System me	igham, AL 35209  red Agent's Signature;  Agent, You must designate an indiv	   vidual
Birmingham, AL 35209  ARTICLE III - Register The Limited Liability Connother business entity with the name and the Florida in	ed Agent, Registered Off mpany cannot serve as its th an active Florida registr street address of the registe CT Corpo Na 1200 South I	Birmin  lee, & Register own Registered ation.)  red agent are: ration System me	igham, AL 35209  red Agent's Signature;  Agent, You must designate an indiv	ridual

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

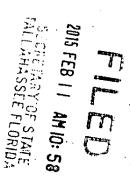
C T Corporation System By:

Registered Agent's Signature (REQUIRED)

Nathan S. Giffin Asst. Secretary

(CONTINUED)

Page 1 of 2



	Title:	Name and Address:
	"AMBR" = Authorized Member "MGR" = Manager	
	Manager	Richard L. Sharff, Jr.
•	•	569 Brookwood Village, Suite 901
,		Birmingham, AL 35209
	Manager	Joseph T. Clark
		569 Brookwood Village, Suite 901
		Birmingham, AL 35209
	Manager	Andrew P. Havek
		520 Lake Cook Road, Suite 250
		Deerfield, IL 60015
	•	•
•		
	(Use attachment if necessary)	
	••	
(If an e	LE V: Effective date, if other than the date of ffective date is listed, the date must be speci e of filing.)	f filing: 2/5/2015 (OPTIONAL)  If and cannot be more than five business days prior to or 90 days after
ARTIC	LE 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.)

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)

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