

L15000034291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

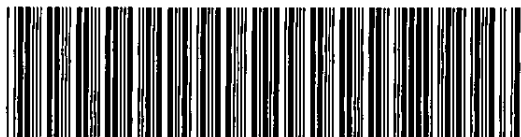
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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SECRETARY OF STATE
JALAHASSEE FLORIDA

FEB 12 2015

D. BRUCE



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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCA Specialists of Florida, 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:

569 Brookwood Village, Suite 901
Birmingham, AL 35209

569 Brookwood Village, Suite 901
Birmingham, AL 35209

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL

33324

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..

C T Corporation System

By: 

Registered Agent's Signature (REQUIRED)

Nathan S. Giffin Asst. Secretary

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Manager

Birmingham, AL 35209

Manager

Birmingham, AL 35209

Manager

Deerfield, IL 60015

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