

L15000/04058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

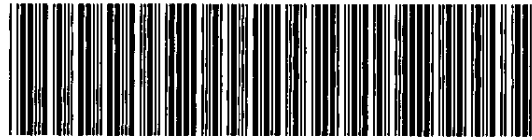
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900273842719

06/15/15--01014--007 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 15 PM 1:11

APPROVAL  
AND  
FILED

11/1

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MedSurg Consulting, LLC  
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:

Reinhard Rott, MD-MBA, FACS

Name of Person

Firm/Company

1209 East Cumberland Avenue, Unit 1605

Address

Tampa, FL 33602

City/State and Zip Code

rrotmd@medsurconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reinhard Rott                      813                      531-9063  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

15 JUN 15 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MedSurg Consulting, 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:**

1209 East Cumberland Avenue  
Unit 1605  
Tampa, FL 33602

**Mailing Address:**

1209 East Cumberland Avenue  
Unit 1605  
Tampa, FL 33602

**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:

Reinhard Rott

Name

1209 East Cumberland Avenue, Unit 1605

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

Tampa

FL

33602

City

State

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)

APPROVED  
AND  
FILED

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company: 15 JUN 15 PM 1:11

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Reinhard Rott

1209 East Cumberland Avenue, Unit 1605

Tampa, FL 33602

(Use attachment if necessary)

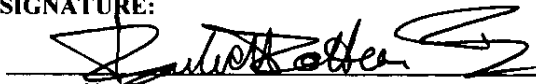
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

Reinhard Rott

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)