

U50000062FL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

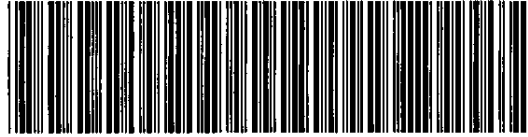
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/08/15--01015--002 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2015
J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2015

THE SANDERS LAW FIRM PC
3525 PIEDMONT RD
7 PIEDMONT CENTER SUITE 300
ATLANTA, GA 30305

SUBJECT: STARGAZE ANESTHESIA LLC
Ref. Number: W15000034257

We have received your document for STARGAZE ANESTHESIA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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: 715A00010144

THE SANDERS LAW FIRM, P.C.

Atlanta Birmingham Jacksonville

3525 Piedmont Road
7 Piedmont Center, Suite 300
Atlanta, Georgia 30305

(404) 364-1819
(866) 871-2238 Fax
rsanders@southernhealthlawyers.com

May 4, 2015

VIA US MAIL

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

Re: **Stargaze Anesthesia LLC**
 Articles of Organization

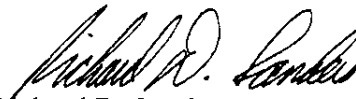
To Whom It May Concern,

Attached herewith for filing is an original and one (1) copy of Articles of Organization for Stargaze Anesthesia LLC. Also enclosed is a check in the amount of \$160.00. Please return a Certified Copy and Certificate of Status in the enclosed self-addressed, postage prepaid envelope enclosed for your convenience.

Should you have questions or require any additional information, please contact me at (404) 364-1819.

Thank you for your assistance.

Sincerely,
THE SANDERS LAW FIRM, P.C.


Richard D. Sanders

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stargaze Anesthesia 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:

Richard D. Sanders, Esq.

Name of Person

The Sanders Law Firm, P.C.

Firm/Company

3525 Piedmont Road, 7 Piedmont Center, Suite 300

Address

Atlanta, GA 30305

City/State and Zip Code

rsanders@southernhealthlawyers.com

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

For further information concerning this matter, please call:

Anthony Curole II

985

665-2583

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stargaze Anesthesia 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:

542 Wahoo Road

P.O. Box 27998

Panama City, FL 32408

Mailing Address:

P.O. Box 27998

Panama City, FL 32411

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:

Anthony Curole

Name

542 Wahoo Road

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

Panama City

City

FL 32408

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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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

MGR

Name and Address:

Anthony Curole

542 Wahoo Road

Panama City, FL 32408

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 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.)

ARTICLE VI: Other provisions, if any.

None

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.)

Anthony J. Curole

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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TALLAHASSEE, FLORIDA