

7/21/2015

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JONES, FOSTER 561 650 0471
DIVISION OF CORPORATIONS

NO. 3866 P. 1

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

15 JUL 21 PM 3:20

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jf.service@jonesfoster.com

FLORIDA LIMITED LIABILITY CO.
SURGERY CENTER OF WELLINGTON, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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JONES FOSTER 561 650 0435

NO. 3866 P. 2

H15000177105 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SURGERY CENTER OF WELLINGTON, 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:

BRIAN D. KENNEDY, ESQ.

Name of Person

JONES FOSTER JOHNSTON & STUBBS, P.A.

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

jfservice@jonesfooster.com

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

For further information concerning this matter, please call:

BRIAN D. KENNEDY

561

659-3000

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
SURGERY CENTER OF WELLINGTON, LLC**

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

**ARTICLE I
Name**

The name of the Limited Liability Company is "SURGERY CENTER OF WELLINGTON, LLC".

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

1157 South State Road 7
Wellington, FL 33414

**ARTICLE III
Registered Agent and Registered Office**

The name and the Florida street address of the Registered Agent are:

JONES FOSTER SERVICE, LLC
505 South Flagler Drive, Suite 1100
West Palm Beach, Florida 33401

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ARTICLE IV

Management

The Limited Liability Company will be manager-managed.

ARTICLE V

Manager(s) or Managing Member(s)

The names and addresses of each person authorized to manage and control the Limited Liability Company is as follows:

Lawrence Rothenberg, MD
1157 South State Road 7
Wellington, FL 33414

ARTICLE V

Commencement

The Limited Liability Company shall commence its existence upon the filing with the Secretary of State of the State of Florida.

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.

Date: July 21, 2015



Brian D. Kennedy, Esq.
Authorized Representative

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**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

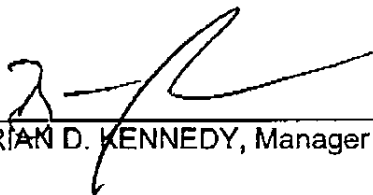
Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That SURGERY CENTER OF WELLINGTON, LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida, 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.

JONES FOSTER SERVICE, LLC, Registered Agent


BRIAN D. KENNEDY, Manager

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TALLAHASSEE, FLORIDA

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