

8/6/2015

**L15000133127**

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000190667 3)))



H150001906673ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

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

Email Address:

agent@bizfilings.com

**FLORIDA LIMITED LIABILITY CO.**

**Houser Surgical Assistants PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**FILED**  
15 JUL -6 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H15000190667 3

**ARTICLES OF ORGANIZATION  
OF  
Houser Surgical Assistants PLLC**

**ARTICLE I            NAME**

The name of the limited liability company is: Houser Surgical Assistants PLLC

**ARTICLE II           ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
1715 Polo Lake Drive East, Wellington, Florida 33414.

**ARTICLE III         BUSINESS ACTIVITY**

The specific business activity is: Provide first assistance to surgeons.

**ARTICLE IV         INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:   
Mark Williams, A.V.P. Business Filings Incorporated

Date: August 6, 2015

**ARTICLE V           MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:  
Jerrod L. Houser Sr., 1715 Polo Lake Drive East, Wellington, Florida 33414

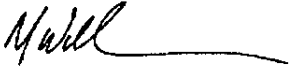
FAX AUDIT # H15000190667 3

**FILED**  
15 JUL -6 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX AUDIT # H15000190667 3**

**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.



Date: August 6, 2015

(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.)

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

**FILED**  
15 JUL -6 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX AUDIT # H15000190667 3**