

**L14000163348**

**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.**

((H15000229871 3)))



H150002298713ABC2

**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 : SUPERBIZ.COM, INC.  
Account Number : I20073000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SWFL SURGEONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
15 SEP 24 PM 2:57  
TALLAHASSEE, FLORIDA

FILED  
15 SEP 24 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000229871 3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

SWFL SURGEONS, LLC

**ARTICLE II ADDRESS**

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

2180 IMMOKALEE ROAD, STE 101

NAPLES, FLORIDA 34110

**ARTICLE III REGISTERED AGENT**


The name and the Florida street address of the registered agent are:

SAMUEL L HILL, III, MD

2180 IMMOKALEE ROAD, STE 101

NAPLES, FLORIDA 34110

*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.*

X 

SAMUEL L HILL, III, MD / Registered Agent's signature

FILED  
15 SEP 24 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
H15000229871 3

H15000229871 3

PAGE 2 SWFL SURGEONS, LLC

**ARTICLE IV**

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

AUTHORIZED MEMBER

PATRICK M REIDY, MD

2180 IMMOKALEE ROAD, STE 101

NAPLES, FLORIDA 34110

AUTHORIZED MEMBER

SAMUEL L HILL, III, MD

2180 IMMOKALEE ROAD, STE 101

NAPLES, FLORIDA 34110

.....

X

  
PATRICK M REIDY, MD / Authorized Representative's signature

*(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.)*

H15000229871 3