

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.

(((H15000236240 3)))



H150002382403ABCX

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 : 120070000160 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 pleaser

4.105 Email Address:

## FLORIDA LIMITED LIABILITY CO.

### Sky Surgery Center LLC

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

H15000236240 3

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is: SKY SURGERY CENTER LLC

#### ARTICLE II ADDRESS

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

3150 SW 38TH AVENUE, STE 800 MIAMI, FLORIDA 33146

#### ARTICLE III REGISTERED AGENT

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

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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.

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

H15000236240 3

H15000236240 3

#### PAGE 2 SKY SURGERY CENTER LLC

#### ARTICLE IV

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

**AUTHORIZED MEMBER** JAIME I FLORES 3150 SW 38TH AVENUE, STE 800 MIAMI, FLORIDA 33146

JAIME I FLORES / 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.)

H15000236240 3