

L15000211805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

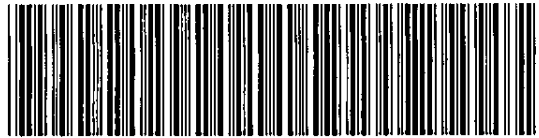
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100280266481

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 DEC 22 PM 1:52

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 DEC 22 PM 2:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEC 28 2015

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 894561 7466316

AUTHORIZATION :

COST LIMIT : \$160.00

ORDER DATE : December 3, 2015

ORDER TIME : 12:46 PM

ORDER NO. : 894561-005

CUSTOMER NO: 7466316

DOMESTIC FILING

NAME: ROBERT ARANIBAR, M.D., LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Robert Aranibar, M.D., 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:

Donna Scroggins

Name of Person

Surgical Development Systems, Inc.

Firm/Company

1005 W. Indiantown Road, Suite 101

Address

Jupiter, FL 33458

City/State and Zip Code

dscroggins@sdsiasc.com

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

For further information concerning this matter, please call:

Donna Scroggins

561

630-6277

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert Aranibar, M.D., 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:

Mailing Address:

2400 N. Courtenay Parkway

Same

Suite 2

Merritt Island, FL 32953

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:

H. Stacy Scroggins

Name

1005 W. Indiantown Road, Suite 101

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

Jupiter

FL

33458

City

State

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..

/s/ H. Stacy Scroggins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED OF STATE
NOTARIES 708324

15 DEC 22 PM 2:43

REC'D

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Robert Aranibar, M.D.

2400 N. Courtenay Parkway, Suite 2

Merritt Island, FL 32953

(Use attachment if necessary)

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Robert Aranibar, M.D.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Robert Aranibar, M.D.

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)

RECEIVED
FEB 22 2011
15 DEC 22 PM 2:43
4191