

L16000066334

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.

(((H16000084848 3)))



H160000848483ABC6

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 : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

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

Email Address: Sepedeh.Tofigh@hklaw.com

FLORIDA LIMITED LIABILITY CO.

Children's Anesthesia Profit Sharing Plan Slip 22,

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

RECEIVED

16 APR -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR -5 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H16000084848 3)))

FILED
2016 APR -5 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
CHILDREN'S ANESTHESIA PROFIT SHARING PLAN SLIP 22, LLC**

The undersigned, being a duly authorized representative of the Member(s), desiring to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes (the "Act"), does hereby adopt the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company is CHILDREN'S ANESTHESIA PROFIT SHARING PLAN SLIP 22, LLC (the "Company").

ARTICLE II. ADDRESS

The principal and mailing address office of the Company is 3100 SW 62nd Avenue, Miami, Florida 33155.

ARTICLE III. REGISTERED AGENT AND OFFICE

The Company designates 3100 SW 62nd Avenue, Miami, Florida 33155 as the street address of the initial registered office of the Company and names Dr. Rafael Gonzalez as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV. DURATION AND CONTINUATION

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated in accordance with the Company's Operating Agreement or pursuant to the Act, as amended from time to time.

ARTICLE V. MANAGEMENT

The Company shall be conducted, carried on, and managed by at least one (1) Manager and is, therefore, a manager-managed Company.

ARTICLE VI. MANAGER / AUTHORIZED MEMBER

The names and addresses of each person authorized to manage and control the Company are:

Title:

Name and Address:

MANAGER

Dr. W. Christian Bauer
3100 SW 62nd Avenue
Miami, Florida 33155

(((H16000084848 3)))

(((H16000084848 3)))

MANAGER

Dr. Christopher Tirota
3100 SW 62nd Avenue
Miami, Florida 33155

ARTICLE VII. PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida including activities within the United States and abroad.

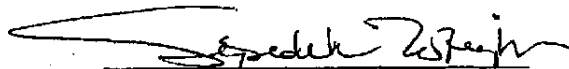
ARTICLE VIII. ADDITIONAL MEMBERS

Additional Members may be admitted upon the written consent of the majority ownership interest, and upon the written application of such new Member, in the manner set forth in the Operating Agreement of the Company, if applicable.

ARTICLE IX. OPERATING AGREEMENT

The power to adopt, alter, amend, or repeal the Operating Agreement of the Company shall be vested in the Members of the Company in the manner set forth in the Operating Agreement of the Company, if any.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal this
5th of April, 2016.



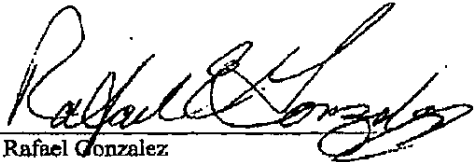
Sepedeh Tofigh,
Duly Authorized Representative of the
Member(s)

(((H16000084848 3)))

(((H16000084848 3)))

ACCEPTANCE OF REGISTERED AGENT

The undersigned agrees to act as registered agent for CHILDREN'S ANESTHESIA PROFIT SHARING PLAN SLIP 22, LLC to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 605, Florida Statutes, and acknowledges that the undersigned is familiar with, and accepts, the obligations of such position on this 1st day of April, 2016.


Dr. Rafael Gonzalez

#40071961_v2

FILED
2016 APR -5 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H16000084848 3)))