

L16000104788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

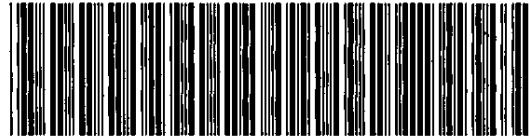
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000286039590

05/23/16--01055--001 **155.00

RECEIVED
STATE
CLERK
MAY 23 2016
12:44 PM

a 05/31/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardiovascular Advantages, 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:

Michael G Roubique Jr

Name of Person

Cardiovascular Advantages, LLC

Firm/Company

PO Box 87159

Address

Baton Rouge, Louisiana 70879

City/State and Zip Code

m.roubique@vicriticalcare.com

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

For further information concerning this matter, please call:

Lawrence Lieberman

407

446-8755

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:

Cardiovascular Advantages, 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:

4767 New Broad Street
Orlando, Florida 32814

Mailing Address:

PO BOX 87159
Baton Rouge, LA 70879

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:

Michael G Roubique Jr

Name

4767 New Broad Street

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

Orlando

Fl

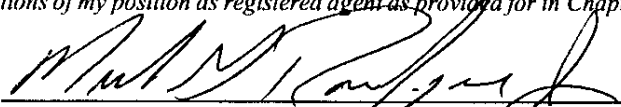
32814

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JUN 99 PM 11:29
FBI - BATON ROUGE
RECEIVED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMGR

AMGR

MGR

Name and Address:

Michael G Roubique
PO Box 87159
Baton Rouge LA 70879

Lawrence S. Lieberman
PO Box 87159
Baton Rouge LA 70879

Richard Kearley MD
PO Box 87159
Baton Rouge, LA 70879

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 20, 2016 (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:



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.

Lawrence Lieberman

Typed or printed name of signer

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)

FILED
DEPT. OF STATE
BATON ROUGE
16 MAY 23 PM 4:23