L16000114708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

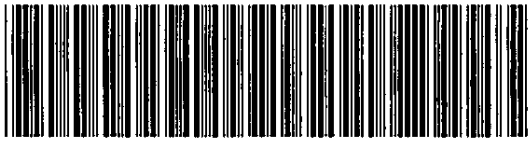
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 JUN 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan JUN 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wisdom Anesthesia Specialists
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:

Marcia Wisdom-Johnson
Name of Person

Firm/Company

2850 Palmetto Ridge Pt
Address

Oviedo, FL 32765
City/State and Zip Code

Maureen1193@ATT.Net.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Wisdom-Johnson at (407) 971-9835
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

MARCIA WISDOM-JOHNSON
2850 PALMETTO RIDGE PT
OVIEDO, FL 32765

SUBJECT: WISDOM ANESTHESIA SPECIALISTS PLLC
Ref. Number: W16000041366

We have received your document for WISDOM ANESTHESIA SPECIALISTS PLLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 916A00011965

RECEIVED
16 JUN 15 PM 12:52
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

WISDOM ANESTHESIA SPECIALISTS PLLC
(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:**
2850 Palmetto Ridge PT Oviedo, FL 32765	2850 Palmetto Ridge PT Oviedo, FL 32765

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:

MARCIA WISDOM-JOHNSON
Name

2850 Palmetto Ridge PT
Florida street address (P.O. Box **NOT** acceptable)

Oviedo FL 32765
City State Zip

16 JUN 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	MARCIA WISDOM-JOHNSON 2850 Palmetto Ridge Pt Oviedo, FL 32765
AMBR	ANIYAH S. TURNER 5604 East 81st Street Brooklyn, NY 11236

16 JUN 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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. Please note the "P" was included in the LLC (PLLC) to indicate professional See attachment

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.

MARCIA WISDOM-JOHNSON.
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)

- Attachment -

June 13th, 2016

Re: Nature of Business
Letter # 916A0001965
Wisdom Anesthesia Specialists PLLC
Ref # W160000041366

To Whom It May Concern:

The Nature of the Business Wisdom Anesthesia Specialists entails an Anesthesiology service / Business. Anesthesia providers (Primarily Certified Registered Nurse Anesthetists) associated with this business, work as Independent Contractors providing Anesthesia care to patients in exchange for a contracted payment from any business ~~the~~ Wisdom Anesthesia Specialists is contracted with. These business include Hospitals, Surgery Centers, Ambulatory Surgery Centers or Office based centers requiring Anesthesia service for their patients.

For further information or questions please contact me at the enclosed address or (409) 325-5497.

Sincerely