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1. **Marisela's Anesthesia Services, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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## **MARISELA'S ANESTHESIA SERVICES, LLC**

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THE UNDERSIGNED SUBSCRIBES TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

### **ARTICLE I**

THE NAME OF THE ORGANIZATION IS:

MARISELA'S ANESTHESIA SERVICES, LLC

### **ARTICLE II**

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOW: TO CONDUCT BUSINESS IN THE MEDICAL FIELD OF ANESTHESIOLOGY AND ANY OTHER SIDELINES THERETO, ANY OTHER BUSINESS THE BOARD MAY APPROVE FROM TIME TO TIME, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: TURNER AND MELENDEZ ACCOUNTANTS, INC  
7540 US HIGHWAY ONE SUITE 103  
LANTANA, FL 33462  
TEL : ( 561)582-3046 FAX : ( 561)582-0899

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**ARTICLE III**

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS:

**8702 TALLY HO LANE  
ROYAL PALM BEACH, FL 33411**

PALM BEACH COUNTY, FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

**ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. MARISELA PORRAS, ADDRESS: 8702 TALLY HO LANE, ROYAL PALM BEACH, FL 33411.

**ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY:

  
MARISELA PORRAS

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**ARTICLE V**

THE NAME AND POST OFFICE ADDRESS OF THE MANAGER OF ORGANIZATION:

MARISELA PORRAS  
8702 TALLY HOE LANE  
ROYAL PALM BEACH, FL 33411

**MANAGER'S SIGNATURE**

MARISELA PORRAS

A handwritten signature in black ink, appearing to read 'Marisela Porras', is written over a horizontal line.

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