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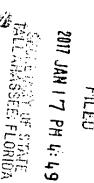
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Office Use Only



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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Sleepy Key Anesthesia, LLC		
SOBSEC		Limited Liabil	ity Company
The enclo	osed Articles of Organization and fee(s	s) are submitted	for filing.
Please re	turn all correspondence concerning this	s matter to the f	following:
	Jeanette Woods		
		Name of	Person
	Sleepy Key Anesthesia, LLC		
		Firm/Co	mpany
	418 Blackbeard Road		
		Addr	ess
	Little Torch Key, FL 33042		
	keyanesthesia@gmail.com	City/State an	d Zip Code
	E-mail address: (to be u	ised for future a	innual report notification)
For further	information concerning this matter, pl	ease call:	
	Ron Christ, CPA	304	865-8299
	Name of Person	,	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	└──Certifi	soft Filing Fee & S160.00 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



December 27, 2016

JEANETTE WOODS 418 BLACKBEARD ROAD LITTLE TORCH KEY, FL 33042

SUBJECT: SLEEPY KEY ANESTHESIA, LLC

Ref. Number: W16000085995

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

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

First page is not legible.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00027461

ARTICLESOF	DRGANIZATION FURT	(LORIDA LIN	THED LIABILITY COMPA	FILED	j
ARTICLE 1 - Name: The name of the Limited Liability	Company is:			2017 JAN 17 F	
Sleepy Key Anesthesia (Must end w	a, LLC ith the words "Limited	Liability Cor	mpany, "L.L.C.," or "LLG	PADLAHASSEE,	FLORIDA
ARTICLE II - Address: The mailing address and street add	dress of the principal of	ffice of the L	imited Liability Company	is:	
<u>Principa</u>	Office Address:		Mailing A	Address:	
17305 Jamaica Lanc Summerland Key, FL	33042		17305 Jamaica Lane Summerland Key, Fl. 3	3042	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own	Registered A		an individual or	
The name and the Florida street ac	ddress of the registered	agent are:			
	Jeanette D. Woods				
		Name			
	17305 Jamaica Lane Florida street address	s (P.O. Box 1	NOT acceptable)	_	
	Summerland Key	FL	33042		
	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 the Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

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AMBR	MALL AHASSEE, FLU
MINIBA	Jeanette Woods 57
	Summerland Key, FL 33042
	Summertand Rey, 115 33042
Tective date is listed, the date must be specific of filing.)	ling: January 1, 2017 (OPTIONAL) and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date of fil fective date is listed, the date must be specific of filing.)	and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of file fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet tument's effective date on the Department of St	and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of file fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet tument's effective date on the Department of St. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not ate's records.
LE V: Effective date, if other than the date of file fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ument's effective date on the Department of St. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of a manual part of a manu	and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of fil fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet to ument's effective date on the Department of St LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	the applicable statutory filing requirements, this date will not ate's records. For an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes ormation submitted in a document to the Department of Statutes on a provided for in s.817.155, F.S.
LE V: Effective date, if other than the date of fil fective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet to ument's effective date on the Department of St LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	the applicable statutory filing requirements, this date will not ate's records. For an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes ormation submitted in a document to the Department of Statutes.