

**L17000060048**

Florida Department of State  
Division of Corporations  
Business Filings & Services

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**FLORIDA LIMITED LIABILITY CO.  
CF SURGICAL GROUP PLLC**

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ARTICLES OF ORGANIZATION  
OF  
CF SURGICAL GROUP PLLC

The undersigned, being an authorized representative of a member duly licensed to practice medicine under the laws of the State of Florida, hereby organizes a professional limited liability company under the provisions of the Florida Revised Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act (collectively, the "Act"), and pursuant to the following Articles of Organization:

ARTICLE 1

Name

The name of this professional limited liability company is:

CF SURGICAL GROUP PLLC

(hereafter, the "Company").

ARTICLE 2

Purposes

The Company is formed to engage in every aspect of the practice of medicine. The professional services involved in the Company's practice of medicine may be rendered only through its officers, agents and employees who are duly licensed or otherwise legally authorized to practice medicine in the State of Florida, or such other states where the Company is authorized to do business. The Company may also invest its funds in real estate, mortgages, stocks, bonds or any other type of investments, and may own real and personal property necessary for the rendering of such professional services. The Company may own interests in one or more other professional corporations or professional limited liability companies (as those terms are defined in the Act).

ARTICLE 3

Duration

The Company shall exist from the date of filing of these Articles of Organization with the Department of State and shall continue until its dissolution in accordance with these Articles of Organization or the Act.

ARTICLE 4

Mailing Address and Principal Office

The mailing address of the Company and the street address of its principal office is 19105 U.S. Highway 41 North, Suite 300, Lutz, Florida 33548.

ARTICLE 5

Initial Registered Office and Agent

The street address of the initial registered office of the Company is 601 Bayshore Boulevard, Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of this Company at that address is Leslie Wager Hudock.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE 6Restriction on Alienation of Membership Interests

The membership interests of the Company are subject to certain transfer restrictions contained in the Company's Operating Agreement, as amended and/or restated from time to time (the "Operating Agreement"). Any member of the Company and/or his assignee shall be bound by the terms and conditions of the Operating Agreement. The Company will furnish a copy of the Operating Agreement to any member or assignee upon request, without charge. In addition, no member of the Company may sell or transfer all or any portion of such member's membership interest in the Company except to a person who is eligible to be a member of the Company.

ARTICLE 7Forfeiture Upon Occurrence of Disqualifying Event

The earliest to occur of any of the following events with respect to any member of the Company (a "Disqualifying Event") shall constitute an event disqualifying such member (the "Disqualified Member") from owning a membership interest in the Company:

- (a) his legal disqualification to practice medicine in the State of Florida; or
- (b) his acceptance of employment that, pursuant to existing law, places restrictions or limitations upon his continued rendering of professional medical services; or
- (c) any sale, transfer, hypothecation or pledge, or attempted sale, transfer, hypothecation or pledge, by him of a membership interest in the Company to any person ineligible to be a member of the Company; or
- (d) the occurrence of any involuntary transfer of his membership interest in the Company, the effect of which is to vest any legal or equitable interest in such membership interest in some person other than the member.

Upon the occurrence of a Disqualifying Event, the entire membership interest in the Company of the Disqualified Member shall be forfeited to, and redeemed by the Company, on the terms and conditions as may be set forth in the Operating Agreement; provided, however, in the absence of a contractual provision governing the redemption of a Disqualified Member's membership interest in the Company, the Disqualified Member shall be entitled to receive, in consideration for the forfeiture of his entire membership interest in the Company, a sum equal to the balance of the Disqualified Member's capital account (or pro rata share of the book value of the assets of the Company, as the case may be) on the date of the Disqualifying Event, and no more. Upon the occurrence of a Disqualifying Event, the Disqualified Member shall sever all employment with, and forthwith cease to be a member of, the Company and, except to receive payment for his membership interest in accordance with the foregoing, and payment of any other sums then lawfully due and owing to the Disqualified Member by the Company, the Disqualified Member shall then and thereafter have no further financial interest of any kind in the Company. Each member of the Company hereby grants an irrevocable power of attorney to the Company to cancel his entire membership interest in the Company upon the occurrence of a Disqualifying Event.

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ARTICLE 8  
Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed limited liability company.

ARTICLE 9  
Indemnification

This Company shall indemnify its members and managers to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization this 16<sup>th</sup> day of March, 2017.

  
\_\_\_\_\_  
Leslie Wager Hudock, Authorized Representative

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
CF SURGICAL GROUP PLLC

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned professional limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the professional limited liability company is: CF SURGICAL GROUP PLLC.
2. The name and address of the registered agent and office is:

Leslie Wager Hudock  
601 Bayshore Boulevard, Suite 700  
Tampa, Florida 33606

*Having been named as registered agent and to accept service of process for the above stated professional 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, Florida Statutes.*

Dated: March 16, 2017

  
\_\_\_\_\_  
LESLIE WAGER HUDOCK

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