

L17000 127568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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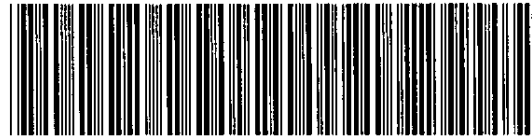
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TALLAHASSEE, FLORIDA

2017 JUN 12 PM 4:29

M. MOON

JUN 13 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 679008, 7509084

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 12, 2017

ORDER TIME : 4:03 PM

ORDER NO. : 679008-005

CUSTOMER NO: 7509084

FILED
SEP 12 2017
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DOMESTIC FILING

NAME: ANESTHESIA PHYSICIAN SOLUTIONS
OF VIRGINIA, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

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**ARTICLES OF ORGANIZATION
OF
ANESTHESIA PHYSICIAN SOLUTIONS OF VIRGINIA, L.L.C.**

ARTICLE I - NAME

The name of this limited liability company is Anesthesia Physician Solutions of Virginia, L.L.C. (the "Company").

ARTICLE II - DURATION

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Company, unless and until relocated, is 1776 North Pine Island Road, Suite 104, Plantation, Florida 33324.

**ARTICLE V - REGISTERED AGENT
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 1201 Hays Street, Tallahassee, Florida 32301; and the name of the initial registered agent of this Corporation at that address is Corporation Service Company.

ARTICLE VI - MEMBERSHIP

The Company will have a sole Member that will hold all of the units and interests of the Company.

ARTICLE VII - MANAGEMENT

The Company shall be a manager managed organization. The day-to-day business and affairs of the Company shall be managed under the direction of a Board of Managers authorized by the sole Member. The number of Managers may be either increased or decreased from time to time as provided in the Company's Operating Agreement, but shall never be less than one (1). The name and address of the initial Managers of this Company are:

Christopher Holden
7700 West Sunrise Boulevard
Plantation, Florida 33322

Robert Coward
7700 West Sunrise Boulevard
Plantation, Florida 33322

John Lavery
7700 West Sunrise Boulevard
Plantation, Florida 33322

Michael Cuffee
7700 West Sunrise Boulevard
Plantation, Florida 33322

ARTICLE VIII - ORGANIZER

The name and address of the authorized representative signing these Articles of Organization on behalf of the Company is:

Jillian Marcus
7700 West Sunrise Boulevard
Plantation, Florida 33322

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 8th day of June, 2017.


Jillian Marcus, Authorized Representative

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SECRETARY OF STATE
JDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: _____



(Registered agent's signature)

Melissa Zender
Asst. Vice President

17 JUN 12 AM 8:31

SEC. OF STATE
CLERK
MAY 14 2012