Electronic Filing Cover

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000233436 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076666002140 : (727)461-1818

Fax Number

: (727)441-8617

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MRILEY @ FLORIDAUROLOGY PARTNERS.COX

FLORIDA LIMITED LIABILITY CO.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

SEP 1 4 2017



September 13, 2017

FLORIDA DEPARTMENT OF STATE

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

SUBJECT: FUP VIII, REF: W17000073371

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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.

Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #: H17000233436 Letter Number: 917A00018567



August 31, 2017

FLORIDA DEPARTMENT OF STATE

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

SUBJECT: FUP VIII, P.L.

REF: W17000071595

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover shee

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 6 days or your filing will be considered abandoned.

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

Jessica A Fason Regulatory Specialist II FAX Aud. #: 817000233436 Letter Number: 017A00017987

ARTICLES OF ORGANIZATION OF FUP VIII, P.L.L.C.

The undersigned hereby certifies that he is the Authorized Representative of a Member who is forming a Professional Limited Liability Company under Chapter 621, Florida Statutes. The following Articles of Organization are hereby adopted.

ARTICLE I. NAME

The name of the Professional Limited Liability Company shall be FUP VIII, P.L.L.C.

ARTICLE II DURATION; EFFECTIVE DATE

This Professional Limited Liability Company shall exist perpetually commencing as of September 13, 2017.

ARTICLE III ADDRESS; PRINCIPAL OFFICE

The mailing address of the Professional Limited Liability Company 5523 West Cypress Street, Suite 202, Tampa, Florida 33607, and the street address of the principal office of the Limited Liability Company is 830 Central Avenue, Suite 100, St. Petersburg, Florida 33701.

ARTICLE IV INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Professional Limited Liability Company is 333 3rd Avenue North, Suite 200, St. Petersburg, Florida 33701 and the name of its initial registered agent at such address is Thomas B. Smith.

ARTICLE V PURPOSE

This Professional Limited Liability Company is organized for the purpose of owning a partnership interest in Florida Urology Partners, LLP, a Florida limited liability partnership and to operate a group medical practice through Florida Urology Partners, LLP along with such other activity or business permitted under the laws of the United States of America and of this State as the Members may determine.

ARTICLE VI RESTRICTIONS ON MEMBERSHIP; RIGHT TO ADMIT ADDITIONAL MEMBERS

Members must be licensed to practice medicine in the State of Florida. A member's interest in the Professional Limited Liability Company may not be sold or otherwise transferred except to a person licensed to practice medicine in the State of Florida and only in accordance with the provisions of the Operating Agreement of this Professional Limited Liability Company.

The undersigned, being the Authorized Representative of one of the Members of the Professional Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of FUP VIII, P.I.L.C.

Executed by the undersigned on August 24, 2017.

AUTHORIZED REPRESENTATIVE

OF A MEMBER,

Nicholas Laryngakis, M.D.

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapter 621, Florida Statutes, I agree to act in the capacity of Registered Agent for FUP VIII, P.L.L.C. and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 3 day of 2017.

Thomas B. Smith

4108014