

2018  
 L18000101366  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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((H180001305123)))



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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### FLORIDA LIMITED LIABILITY CO.

#### Mohawk Surgery Center, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T COLLINS

APR 26 2018

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FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Mohawk Surgery Center, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**c/o Practice Partners in Healthcare, Inc.  
1 Chase Corporate Drive, Suite 200  
Birmingham, Alabama 35244**Mailing Address:**c/o Practice Partners in Healthcare, Inc.  
1 Chase Corporate Drive, Suite 200  
Birmingham, Alabama 35244**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation,Florida33324

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 in Chapter 605, F.S.*

C T Corporation System

Michael Jones

By: 

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

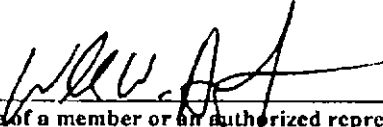
"MGR" = Manager

MGR**Name and Address:**
Rajab Abukhadrah  
2040 Oakley Seaver Drive  
Clermont, Florida 34711
MGR
Mayssa A. Toppino  
1804 Oakley Seaver Drive, Suite B  
Clermont, Florida 34711
MGR
David E. Feiner  
2020 Oakley Seaver Drive  
Clermont, Florida 34711
MGR
Larry D. Taylor  
1 Chase Corporate Drive, Suite 200  
Birmingham, Alabama 35244

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.N/A**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

William W. Horton, Authorized Representative

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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