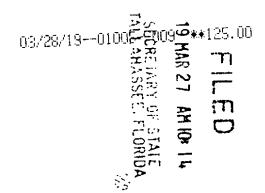
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Elan Vital Anesthesia	LLC			
				
				Art of Inc. File
				LTD Purmership File
		ļ		Foreign Corp. File
		İ		L.C. File
				Fictitious Name File
				Trade/Service Mark
		ļ		Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
- G				Vehicle Search
				Driving Record
Requested by: Seth	03/27/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
		1		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

	lew Filing Section Division of Corporations			
SUBJECT	Elan Vital Anesthesia LLC			
SOBJECT		f Limited Liability (ompany	
The enclos	sed Articles of Organization and fee(s) are submitted for	filing.	
Please retu	ırn all correspondence concerning th	s matter to the follo	wing:	
	Jeffrey A. Aman, Esq.			
		Name of Pers	on	
	Aman Law Firm			
		Firm/Compa	ny	<u>.</u>
	282 Crystal Grove Blvd.			
		Address		
	Lutz, FL, 33548			
		City/State and Zi	Code	
:	jeffa@amanlawfirm.com E-mail address: (to be	used for future annu-	I report notification	<u> </u>
For further i	nformation concerning this matter, p		ii report nourication	,
	Jeffrey A. Aman, Esq.		5-0004	
	Name of Person	Area Code D	aytime Telephone N	lumber
Enclosed is	s a check for the following amount:			
\$125.00 F		Certified C	opy py is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed
	Mailing Address New Filing Section		et Address Filing Section	
	Division of Corporations P.O. Box 6327	Divi	sion of Corporations	s
	P.O. BOX 6327 Tallahassee FL 32314		on Building Executive Center C	Sirola

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Elan Vital Anesthesia LLC		
(Must contain the	e words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
he mailing address and street address	of the principal office	of the Limited Liability Company is:
Principal Off	ice Address:	Mailing Address:
10156 Hernando Ridge Road		10156 Hernando Ridge Road
Brooksville, FL 34613		Brooksville, FL 34613
		<u> </u>
The Limited Liability Company canno nother business entity with an active limited.	ot serve as its own Regi Florida registration.)	istered Agent. You must designate an individual or
The Limited Liability Company cannot nother business entity with an active he name and the Florida street addres	ot serve as its own Regi Florida registration.)	istered Agent. You must designate an individual or
The Limited Liability Company cannot nother business entity with an active he name and the Florida street addres	ot serve as its own Regi Florida registration.) ss of the registered ager	istered Agent. You must designate an individual or
nother business entity with an active had been and the Florida street addres Ama	ot serve as its own Regin Florida registration.) The serve as its own Regin Registered agents of the registered agents of the Firm	istered Agent. You must designate an individual or

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..

FL

State

33548

Zip

Lutz

City

(CONTINUED)

gent's Signature (REQUIRED)

19 MAR 27 AM 10: 14
SECRETARY OF STATE
ALLAHASSEE FLORIDA

ARTICLE IV-

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

Marc A Notrica 10156 Hernando Ridge Road Brooksville, FL 34613 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d of filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b ament's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is expected 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. Jeffrey A, Aman. Esq. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	"AMBR" = Authorized N	iember	Name and Address:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	"MGR" = Manager				
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			Marc A Notrica		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			10156 Hernando Ridge Road		_
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