

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO. DIRT ROAD ANESTHESIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

DIRT ROAD ANESTHESIA LLC

ARTICLE II ADDRESS

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

3309 COUNTRY CLUB DRIVE

LYNN HAVEN, FLORIDA 32444

ARTICLE III REGISTERED AGENT

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

MARC JOHNSON

3309 COUNTRY CLUB DRIVE

LYNN HAVEN, FLORIDA 32444

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.

X /s/ Marc C Johnson

MARC JOHNSON / Registered Agent's signature



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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
MARC JOHNSON
3309 COUNTRY CLUB DRIVE
LYNN HAVEN, FLORIDA 32444

X___/s/ Marc C Johnson

MARC JOHNSON / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)