

L200000002618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

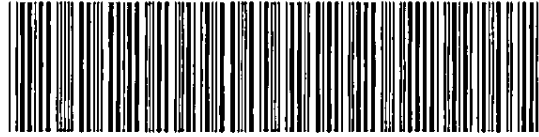
(Business Entity Name)

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TALLAHASSEE, FL

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2020 JAN -3 AM 10:46

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

ACCOUNT NO. : I20000000195  
REFERENCE : 120671 4311639  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

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ORDER DATE : January 2, 2020  
ORDER TIME : 9:20 AM  
ORDER NO. : 120671-010  
CUSTOMER NO: 4311639  
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DOMESTIC FILING

NAME: FLAGLER ASC, LLC

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: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
FLAGLER ASC, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I: - Name**

The name of the Limited Liability Company is **Flagler ASC, LLC**

**ARTICLE II: - Address**

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

**5101 S.W. 8<sup>th</sup> Street  
Miami, Florida 33134**


**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

CORPORATION SERVICE COMPANY,  
as Registered Agent

  
Name: Roxanne Turner  
Title: Asst. Vice President

**ARTICLE IV: - Management**


The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Javier Sobrado, M.D. 5101 S.W. 8 <sup>th</sup> Street Miami, Florida 33134
MGR	Alexander Veloso, M.D. 5101 S.W. 8 <sup>th</sup> Street Miami, Florida 33134
MGR	Christian Andrade, M.D 5101 S.W. 8 <sup>th</sup> Street Miami, Florida 33134

MGR

Cristina Marin, M.D.  
5101 S.W. 8<sup>th</sup> Street  
Miami, Florida 33134

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on December 19, 2019.

  
\_\_\_\_\_  
Javier Sobrado, M.D., authorized representative of a Member

(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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Javier Sobrado, M.D.  
Typed or printed name of signee

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TALLAHASSEE, FL