

Division of Corporations Page 1 of 4 2020-03-18 16:25:25 (GMT-04:00) 00080083

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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TC:

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

FROM:

Account Name : VCORP SERVICES, LLC  
Account Number : I2008000067  
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\*\*Enter the email address for this business entity to be used for future  
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Email Address:

**FLORIDA LIMITED LIABILITY CO.**  
**Sheridan Physicians, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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March 18, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: SHERIDAN PHYSICIANS, LLC  
REF: W20000028287

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.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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

Argolda Brown  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H20000085688  
Letter Number: 620A00005879

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2020 13 PM 1:19  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Sheridan Physicians, I.I.C**

(Must end with 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:**

7900 Nova Drive  
Suite 103  
Davie, FL 33324

**Mailing Address:**

7900 Nova Drive  
Suite 103  
Davie, FL 33324

**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:

GBBPL Registered Agents, LLC

Name \_\_\_\_\_

901 PONCE DE LEON BLVD, SUITE 303

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES FL 33134

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..*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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20 MAR 13 PM 4:19  
FBI - MOBILE

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:

Jorge R. Gutierrez

7900 Nova Drive, Suite 103

Davie, FL 33324

(Use attachment if necessary)

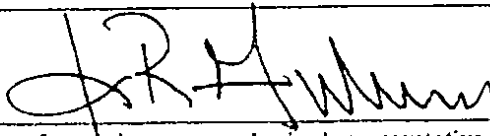
ARTICLE V: Effective date, if other than the date of filing: 03/17/2020 (OPTIONAL)

(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.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (a) (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.

Jorge R. Gutierrez

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)