

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.
SURGICAL SERVICES OF NORTH FLORIDA, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
SURGICAL SERVICES OF NORTH FLORIDA, LLC

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, adopts the following Articles of Organization:

Article I
Name

The name of this limited liability company shall be:

SURGICAL SERVICES OF NORTH FLORIDA, LLC

Article II
Principal Office and Mailing Address

The principal office and mailing address of this limited liability company shall be:

7 AVENUE DE LA MER #904
PALM COAST, FLORIDA 32137

Article III
Initial Registered Agent and Address

The name and street address of the initial registered agent of this limited liability company are:

BERNARD H. GUIOT
7 AVENUE DE LA MER #904
PALM COAST, FLORIDA 32137

Article IV
Authorized Manager

The name and street address of each Manager who is initially authorized to manage and control the limited liability company are:

BERNARD H. GUIOT
7 AVENUE DE LA MER #904
PALM COAST, FLORIDA 32137

Article V
Effective Date

The existence of this limited liability company shall commence on the date these Articles are signed.

Article VI
Purposes

This limited liability company is organized for the purpose of transacting any or all lawful business permitted under the laws of the United States of America and of the State of Florida.

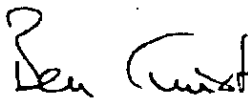
Article VII
Operating Agreement

The initial Operating Agreement of this limited liability company shall be adopted by the members. The Operating Agreement shall be adopted, altered, amended, or repealed from time to time as provided in the Operating Agreement.

Article VIII
Amendment

The members, by vote of members holding a majority of the interests in the limited liability company, shall have the right to amend or repeal any provision contained in these Articles of Organization.

The undersigned has executed these Articles of Organization the 29 day of July, 2020.



BERNARD H. GUIOT
Authorized Representative

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

SURGICAL SERVICES OF NORTH FLORIDA, LLC

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

BERNARD H. GUIOT
7 AVENUE DE LA MER #904
PALM COAST, FLORIDA 32137

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, Florida Statutes.



BERNARD H. GUIOT, Registered Agent

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