Electronic Articles of Organization For Florida Limited Liability Company

L20000279233 FILED 8:00 AM September 08, 2020 Sec. Of State oisimmons

Article I

The name of the Limited Liability Company is: PEACE RIVER SURGERY CENTER, LLC

Article II

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

4161 TAMIAMI TRAIL SUITE 701 PORT CHARLOTTE, FL, . 33952

The mailing address of the Limited Liability Company is:

4161 TAMIAMI TRAIL SUITE 701 PORT CHARLOTTE, FL. 33952

Article III

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

DAVID HOTCHKISS 4161 TAMIAMI TRAIL SUITE 701 PORT CHARLOTTE, FL. 33952

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.

Registered Agent Signature: DAVID A HOTCHKISS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR DAVID HOTCHKISS 4161 TAMIAMI TRAIL, SUITE 701 PORT CHARLOTTE, FL. 33952

Title: MGR MEJEVOI NICOLAI 4161 TAMIAMI TRAIL, SUITE 701 PORT CHARLOTTE, FL. 33952

Title: AP ADRIENNE FAULKNER 4161 TAMIAMI TRAIL, SUITE 701 PORT CHARLOTTE, FL. 33952

Signature of member or an authorized representative

Electronic Signature: DAVID A HOTCHKISS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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