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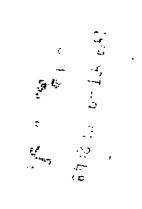
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

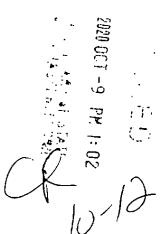




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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GUARDIAN ANESTHESIA SER	RVICES, LLC			
Signature Requested by: BA 10/8/20 Name Date Walk-In Will Pick U		Art of Inc. File		

COVER LETTER

	new ruing S Division of C					
GLUD ED G	GUARD	IAN ANESTHESIA	A SERVICES, I	LC		
SUBJEC	T:	Nai	me of Limited L	iability Company	 	_
The enclo	sed Articles	of Organization and	fee(s) are subm	itted for filing.		
Please ret	urn all corres	pondence concernin	ig this matter to	the following:		
	TAMMY	MAHROOS				
	-		Nam	e of Person		
			F .	10	·	
			rirm	/Company		2020
	8155 CAR	NOUSTIE PLACE				20 020
	PORT ST I	UCIE, FL 34986	A	ddress		
	_	<u>·</u>	City/State	and Zip Code	<u></u>	
-		E-mail address: (to	be used for futu	re annual report notific	ation)	 2
For further is	nformation co	oncerning this matte	r, picase call:			
	MICHELE I	RODRIGUEZ	772 _at (460-6786		
	Ναπ	ne of Person	Area Code	Daytime Telepho	one Number	•
Enclosed is	a check for t	he following amoun	ıt;			
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of Ste	atus Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	Certificate Certified C	Filing Fee, of Status & Copy opy is enclosed)
		g Address		Street Address	Divisia-	
		iling Section on of Corporations		New Filing Section I The Centre of Tallal		
		ох 6327		2415 N. Monroe Str		
	Tallaha	assee, FL 32314		Tallahassee, FL 323		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	lity Company is:			
GUARDIAN ANE (Must co	STHESIA SERVICES, I	LC Liability Cor	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal c	ffice of the I	limited Liability Company is:	
<u>Princi</u>	pal Office Address:		Malling Address:	
8155 CARNOUST PORT ST LUCIE, I	E PLACE FL 34986		PO BOX 882024 PORT ST LUCIE, FL 34988	-
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration address of the registered	Registered An.) agent are:	d Agent's Signature: egent. You must designate an individual o	r
	TAMMY MAHROO	S Name		
	8155 CAROUSTIE P		(OT)	
	Florida street address	(P.O. Box D	OI acceptable)	
	PORT ST LUCIE	FL	34986	
	City	State	Zip	
further agree to comply with the pr	r nereoy accept the appoi ovisions of all statutes rel ligations of my position as	ntment as ret ating to the p registered a	or the above stated limited liability compa gistered agent and agree to act in this cape roper and complete performance of my du gent as provided for in Chapter 605, F.S Mal DOS ignature (REQUIRED)	
	1	(CONTINU	ED)	

70 186 (4.5% as 83.47)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	TAMMY MAHROOS
	PO BOX 882024
	PORT ST LUCIE, FL 34988
	•
Use attachment if necessary)	
ent's effective date on the Department of	eet the applicable statutory filing requirements, this date will no f State's records.
VI: Other provisions, if any.	f State's records.
VI: Other provisions, if any.	f State's records.
VI: Other provisions, if any.	f State's records.
VI: Other provisions, if any.	f State's records.
VI: Other provisions, if any. EQUIRED SIGNATURE:	r State's records.
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memi	my Mahorined representative of a market
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memion of a	my Maly or ber or sh authorized representative of a member.
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memil This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Fiorida Statutes, information submitted in a document to the Department of Statutes.
Signature of a memion of a management is executed I am aware that any false in constitutes a third degree fe	ber or 3h authorized representative of a member. in accordance with section 605.0203 (1) (b), Fiorida Statutes, aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
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