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Email Address: mfsiverio@gmail.com**FLORIDA LIMITED LIABILITY CO.  
NATIONAL ANESTHESIA RESOURCES, LLC**

Certificate of Status	0
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## **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

### **ARTICLE I - Name**

The name of the Limited Liability Company is NATIONAL ANESTHESIA RESOURCES, LLC (hereinafter the "Company").

### **ARTICLE II - Address**

The mailing address and the principal office of the Company is:

28 North Palafox Street  
Pensacola, FL 32502

### **ARTICLE III - Duration**

The effective date of these Articles of Organization shall be October 26, 2020. The period of duration of the Company shall be perpetual.

### **ARTICLE IV - Purpose**

The Company is organized for the purpose of transacting any and all lawful business, both within and without the State of Florida.

### **ARTICLE V - Management**

The Limited Liability Company is to be managed by its manager. The name and address of the initial Manager of the Company is:

David W. Simpson, MD  
28 North Palafox Street  
Pensacola, FL 32502

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**ARTICLE VI - Registered Agent**

The name and street address of the initial registered agent of the Company is:

Manuel F. Siverio  
28 North Palafox Street  
Pensacola, Florida 32502

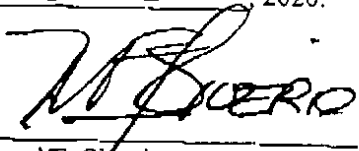
**ARTICLE VII - Additional Members**

Members may be admitted, at such times and on such terms and conditions as are consistent with the requirements of the Operating Agreement of the Company.

**ARTICLE VIII - Powers**

The Company shall have all of the powers enumerated in the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, as such chapter presently exists or may hereinafter be amended.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on this 26 day of OCTOBER, 2020.



Manuel F. Siverio, Authorized  
Representative of a Member

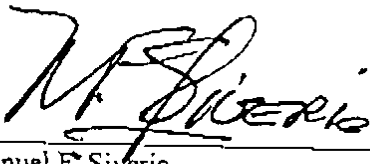
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REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 605.0113, Florida Statutes, 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.

Dated

10/26/20  
Manuel F. Siverio

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