

L200000391343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100355974411

2020 DEC 18 AM 10:33
SOUTH FLORIDA STATE
POLICE OFFICE, FL

9509 110 10 11 12:30

N 0111
DEC 18



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **December 18, 2020**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1305061**

Entity Name: **WEST PALM BEACH SURGICAL CENTER, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Certified copy of the filing evidence please. Thanks!**

**ISSUES? CALL
David:
850-270-0082**

Authorized Amount: **\$155.00**

Signature:

• CORPORATE HQ
COGENCY GLOBAL, INC.
10 E 40th ST, 10th FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGD OFFICE NO. 1272
6 BEVIS MARKS, 1st FL
LONDON EC3A 7BA
+44 (0)20.3736.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
HONG KONG LIMITED COMPANY
INFINITUS PLAZA 12th FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

West Palm Beach Surgical Center, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2020 DEC 18 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

2021 K Street, NW #600

Washington, DC 20006

Mailing Address:

2021 K Street, NW #600

Washington, DC 20006

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:

COGENCY GLOBAL INC.

Name

115 North Calhoun Street, Suite 4

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

Tallahassee

FL

32301

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..

/S/ SHANNON M. MADDOX

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

National Breathe Free Sinus & Allergy Centers, LLC

2021 K Street, NW #600

Washington, DC 20006

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

/s/Matthew Ghanem

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

This document is executed in accordance with section 605.0203 (1) (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.

Matthew Ghanem

Typed or printed name of signee

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)

2023 DEC 18 4:10:33
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE