

6/2/2021

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Division of Corporations

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Email Address: Kevin Becker <kbecker@psychalthamerica.com>

TALLAHASSEE, FLORIDA

2021 JUN -2 AM 9:59

FLORIDA LIMITED LIABILITY CO.
EHA Surgery Center Sarasota, LLC

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Jun 3 2021

**ARTICLES OF ORGANIZATION
OF
EHA SURGERY CENTER SARASOTA, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, does hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I

Name

The name of the limited liability company shall be EHA SURGERY CENTER SARASOTA, LLC.

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address is 2111 Bee Ridge Road, Sarasota, FL 34239.

Article III

Period of Duration

The limited liability company shall begin existence on the day of filing, and shall continue in perpetuity, or until dissolved in a manner provided by law or by regulation adopted by the Members of the limited liability company.

Article IV

Purposes

The limited liability company may engage in the transaction of any or all lawful business for which limited liability companies may be formed under the laws of the State of Florida.

Article V

Registered Office and Registered Agent

The street address of its initial registered office of the Company 2111 Bee Ridge Road, Sarasota, FL 34239, and the name of its initial registered agent at that address is John Swencki.

Article VI

Management

The management of the limited liability company, unless otherwise provided in the articles of organization or the operating agreement, shall be vested in a Board of Managers.

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Article VII
Authorized Representative

The name and address of the authorized representative of the Company is:

Name:

John Swencki

Address:

2111 Bee Ridge Road
Sarasota, FL 34239

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
the 31 day of May 2021.

A handwritten signature in black ink, appearing to read 'John Swencki', is written over a horizontal line.

John Swencki
Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 31 day of May 2021.

REGISTERED AGENT:


John Swencki

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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