

L21000 273737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

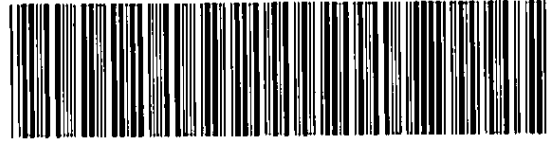
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/11/2021

****WALK IN****

ENTITY NAME TGH Surgery Center At Morsanie, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$155.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION
OF
TGH SURGERY CENTER AT MORSANI, LLC**

The undersigned, as the authorized representative of the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company:

**ARTICLE I
Name**

The name of the limited liability company is TGH SURGERY CENTER AT MORSANI, LLC (the "Company").

**ARTICLE II
Initial Principal Officer Street and Mailing Address**

The Company's initial principal office street and mailing address is One Tampa General Circle, Tampa, Florida 33606-3571, Attn: Adam Smith.

**ARTICLE III
Initial Registered Office and Agent**

The street address of the initial registered office of the Company is 100 S. Ashley Dr., Suite 400, Tampa, Florida 33602 and the name of its initial registered agent at such address is CF Registered Agent, Inc.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual, unless the Company is earlier dissolved as provided in the Operating Agreement.

**ARTICLE V
Member**

The name and address of the sole member of the Company is:

<u>Name</u>	<u>Address</u>
TGH Ambulatory Services Company	One Tampa General Circle Tampa, Florida 33606-3571

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ARTICLE VI
Management

The Company is a manager-managed limited liability company and shall be managed in accordance with the Operating Agreement adopted by the sole member for the management of the business and affairs of the Company.

ARTICLE VIII
Admission of Additional Members

The sole member shall have the right to admit additional members as provided by the Florida Limited Liability Company Act and the Operating Agreement.

ARTICLE IX
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

ARTICLE X
Authorized Representative

The name and address of the authorized representative of the organizing member is:

Name

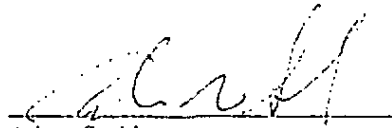
Adam Smith

Address

One Tampa General Circle
Tampa, Florida 33606-3571

Dated June 7, 2021.

**AUTHORIZED REPRESENTATIVE OF
ORGANIZING MEMBER:**



Adam Smith

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by the 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 the obligations of my position as a registered agent.

Dated June 10, 2021.

REGISTERED AGENT:

CF Registered Agent, Inc.

By: _____

Andre L. Fleming

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