## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

JEWELLS1@GMAIL.COM

ST INCIDENTIAL STATES

## FLORIDA LIMITED LIABILITY CO.

## Anderson Anesthesiology LLC

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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Anderson Ar	nesthesiology LLC	
	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12012 Trails Reserve Court Sarasota, FL 34238	12012 Trails Reserve Court Sarasota, FL 34238	
another business entity with an active Florida re	s its own Registered Agent. You must designate an individual egistration.)	ÞΓ
The name and the Florida street address of the re	egistered agent are:	
Corey Anderson	Namc	
12012 Trails Rese Florida street address (I		
Sarasota	FL 34238	
City	Zip	
the place designated in this certificate, I herei capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	accept service of process for the above stated limited liability concept the appointment as registered agent and agree to act to covisions of all statutes relating to the proper and complete perforpt the obligations of my position as registered agent as provided Chapter 605 ES	in this ormance
	it's Signature (REQUIRED) ey Anderson	
		<u>}</u>
\$	SECRETANT OF STATE (ALLAHASSEE, FLORIDA Page 1002	1777

H22000252695

"MGR" = Manager	
AMBR	Corey Anderson
AWDIX	12012 Trails Reserve Court
	Sarasota, FL 34238
(Use attachment if necessary)  E V: Effective date, if other than the date o	f filing:(OPTIONAL)
E V: Effective date, if other than the date o	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date o ective date is listed, the date must be spec of filing.)	
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.	
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem	ific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und	iffic and cannot be more than five business days prior to or 90 increase of an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mem  (In accordance with section 60 constitutes an affirmation und 1 am aware that any false info	ific and cannot be more than five business days prior to or 90 increase of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document

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