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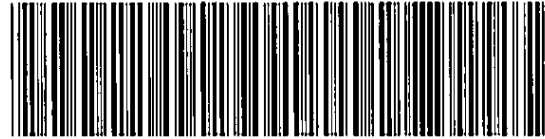
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September 19, 2022

Secretary of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**VIA HAND DELIVERY**

Re: **Advanced Surgery Center of Tallahassee, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Advanced Surgery Center of Tallahassee, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00  
Filing Fee

☐ \$130.00  
Filing Fee &  
Certificate of Status

☒ \$155.00  
Filing Fee &  
Certified Copy  
(additional copy enclosed)

☐ \$160.00  
Filing Fee,  
Certified Copy &  
Certificate of Status  
(additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,

A handwritten signature in cursive script that reads 'Donna Marie Walters'.

Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw  
Enclosures

**ARTICLES OF ORGANIZATION  
OF  
ADVANCED SURGERY CENTER OF TALLAHASSEE, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the limited liability company is **Advanced Surgery Center of Tallahassee, LLC.**

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:

2535 Capital Medical Boulevard  
Tallahassee, Florida 32308

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the limited liability company are:

**Amanda Matthews**  
2535 Capital Medical Boulevard  
Tallahassee, Florida 32308

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.*

*s/Amanda Matthews*

**Amanda Matthews, Registered Agent**

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**ARTICLE 4.  
Management**

The limited liability company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of the person authorized to manage and control the limited liability company as Manager are as follows:

**Amanda Matthews, Manager**

2535 Capital Medical Boulevard  
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 19<sup>th</sup> day of September, 2022.

*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 Section 817.155, F.S.*

*s/Amanda Matthews*

**Amanda Matthews**

Authorized Representative of Member

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