

L22000480112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

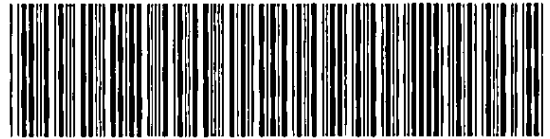
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900396449289

S. CHATHAM  
NOV 10 2022

FILED  
SECRETARY OF STATE  
OFFICE OF THE CLERK  
2022 NOV -9 AM 4:57

2022 NOV -9 PM 4:31



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/09/2022

Name: Chris Vick

Reference #: 1831536

Entity Name: SUNSET ENDOSCOPY CENTER LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$155.00

Signature: 



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/09/2022

Name: Chris Vick

Reference #: 1831536

Entity Name: SUNSET ENDOSCOPY CENTER LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$155.00

Signature: 

**ARTICLES OF ORGANIZATION  
OF  
SUNSET ENDOSCOPY CENTER LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **SUNSET ENDOSCOPY CENTER LLC**

**ARTICLE II: - Address**

The mailing address of the Limited Liability Company is:

**5101 SW 8<sup>th</sup> Street  
Suite 201  
Miami, Florida 33134**

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

**9195 SW 72<sup>nd</sup> Street  
Suite 100  
Miami, Florida 33173**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Cogency Global Inc.  
115 North Calhoun Street  
Suite 4  
Tallahassee, FL 32301**

*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.*

COGENCY GLOBAL INC., as Registered Agent

/s/ Eric Hood

Name: Eric Hood

Title: Assistant Secretary

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

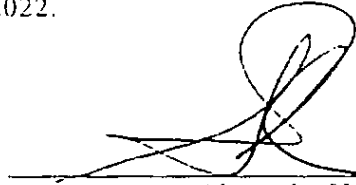
Name and Address:

MGR

Alexander Veloso  
5101 SW 8<sup>th</sup> Street  
Suite 201  
Miami, Florida 33134

SECTION 605  
DIVISION OF CORPORATE REGISTRATION  
22 NOV -9 AM 4:57

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on November 8, 2022.



Alexander Veloso, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, Florida Statutes.)

Alexander Veloso

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 NOV -9 PM 10:57