

# C22000498188

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000400677 3)))



H220004006773ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : RASI  
Account Number : I20220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

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

Email Address: \_\_\_\_\_

### FLORIDA LIMITED LIABILITY CO. SUN STATE ANESTHESIOLOGISTS PLLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2022 NOV 29 PM 12:35

2022 NOV 29 PM 12:35

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SUN STATE ANESTHESIOLOGISTS PLLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:

13511 FAWN RIDGE BLVD  
TAMPA FL 33626

13511 FAWN RIDGE BLVD  
TAMPA FL 33626

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

HERSH DAVE

Name

13511 FAWN RIDGE BLVD

Florida street address (P.O. Box **NOT** acceptable)

TAMPA

FL

33626

City

State

Zip

*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..*

Hersh Dave

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

22 NOV 29 PM 12:35  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/29/2022 BY 60322

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

NITA DAVE

13511 FAWN RIDGE BLVD

TAMPA FL 33626

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/01/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

PHYSICIAN- ANESTHESIA SERVICE PROVIDER

**REQUIRED SIGNATURE:**

*Nita Dave*

Signature of a member or an authorized representative of a member.

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 s.817.155, F.S.

NITA DAVE

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

RECEIVED  
DEPARTMENT OF STATE  
NOV 29 2022

22 NOV 29 PM 12:35