

L23000214479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

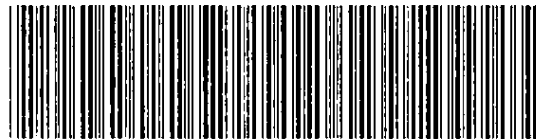
(Document Number)

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Instructions to Filing Officer:

Office Use Only



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FLORIDA
DEPARTMENT OF
BANKING AND FINANCE

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FLORIDA
DEPARTMENT OF
BANKING AND FINANCE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$ 125.00**

Authorization Signature: _____

Vivify Surgery Center, LLC

Business Name

Document #

☐ **Certified Copy of articles**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp

☐ Not For Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ LLLP

AMENDMENTS

☐ Amendment

☐ Statement of Fact

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

_____ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: VIVIFY Surgery Center, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Molly Buie, Esq.

Name of Person

Gaunce Law, PLLC

Firm/Company

2525 1st Ave. S.

Address

St. Petersburg, Florida 33712

City/State and Zip Code

molly@gauncelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Buie 727 614-0550
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VIVIFY Surgery Center, LLC

(Must contain 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:

1000 W. Kennedy Ave.

Ste. 202

Tampa, FL 33606

Mailing Address:

1000 W. Kennedy Ave.

Ste. 202

Tampa, FL 33606

ARTICLE III - Registered Agent, Registered Office, & 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:

LEGALINC CORPORATE SERVICES INC.

Name

476 Riverside Ave.

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

Jacksonville

Florida

32202

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.

Erik Trautlein

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 MAY -1 AM 10:15
FLORIDA

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Dallas Buchanan, M.D.</u> <u>1000 W. Kennedy Ave., Ste. 202</u> <u>Tampa, FL 33606</u>
<u>AMBR</u>	<u>Michelle Buchanan</u> <u>1000 W. Kennedy Ave., Ste. 202</u> <u>Tampa, FL 33606</u>
<u></u>	<u></u>
<u></u>	<u></u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE:

DALLAS BUCHANAN
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.
DALLAS BUCHANAN

Typed or printed name of signer

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)

2023 MAY -1 AM 10
FILED
CLERK