

L23000228322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

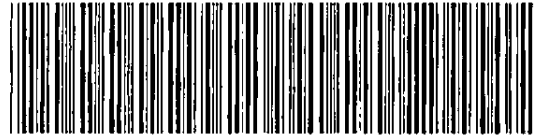
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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PH 2: 58

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RECEIVED



STATE OF MISSOURI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2023

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: NORTH FLORIDA SURGERY CENTER, LLC.
Ref. Number: W23000065816

We have received your document for NORTH FLORIDA SURGERY CENTER, LLC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P96000017306.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 723A00010162

9A

2023 MAY -9 PM 1:47

2023 MAY -9 PM 2:58

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 05/04/2023
 Acc#I20160000072

W: C SW

| | |
|-------------|---|
| Name: | JACKSONVILLE AMBULATORY SURGERY CENTER, LLC |
| Document #: | |
| Order #: | 14918597 |

| | | |
|-----------------------------------|--------------------------|-------------------------|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | |
| Plain Copy: | <input type="checkbox"/> | |
| Certificate of Good Standing: | <input type="checkbox"/> | |
| Certified Copy of | <input type="checkbox"/> | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |
| | | Number of Certs: |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 155.00

Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jacksonville Ambulatory 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:

Storm Spencer
Name of Person
SCA Health
Firm/Company
569 Brookwood Village, Suite 901
Address
Birmingham, AL 35209
City/State and Zip Code
legal_paralegals@scasurgery.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Storm Spencer 205 545-2605
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacksonville Ambulatory 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:

| | |
|----------------------------------|------------------------------|
| <u>Principal Office Address:</u> | <u>Mailing Address:</u> |
| <u>569 Brookwood Village</u> | <u>569 Brookwood Village</u> |
| <u>Suite 901</u> | <u>Suite 901</u> |
| <u>Birmingham, AL 35209</u> | <u>Birmingham, AL 35209</u> |

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:

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

| | | |
|-------------------|----------------|--------------|
| <u>Plantation</u> | <u>Florida</u> | <u>33324</u> |
| 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.

C T Corporation System
By: Michele Miller Michele Miller, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 STATE
 OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Manager

Nick Lambert

569 Brookwood Village, Suite 901

Birmingham, AL, 35209

(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:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0205 (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.

Nick Lambert

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)

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