

5/18/23, 12:07 PM

Division of Corporations

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Email Address: JEREMY@VINIARCPA.COM

RECEIVED  
2023 MAY 19 PH 3:55  
CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.**

**— Divine Anesthesia LLC —**

**EF Anesthesia LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 19 PH 11:57

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May 19, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: DEVINE ANESTHESIA LLC  
REF: W23000072455

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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Rickey L Richardson  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H23000184448  
Letter Number: 823A00011517

H23000184448

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**EF Anesthesia LLC**

(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:

5216 NE 5th Avenue  
Fort Lauderdale, FL 33334

5216 NE 5th Avenue  
Fort Lauderdale, FL 33334

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:

Erika Franco

Name

5216 NE 5th Avenue

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

Fort Lauderdale                      FL 33334

City

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..*

*Erika Franco*

Registered Agent's Signature (REQUIRED)

Erika Franco

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TALLAHASSEE, FL

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**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:

Erika Franco  
5216 NE 5th Avenue  
Fort Lauderdale, FL 33334

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(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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Erika Franco*

Signature of a member or an authorized representative of a member.  
(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 s.817.155, F.S.)

Erika Franco

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL

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