

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L23000420318  
FILED 8:00 AM  
September 08, 2023  
Sec. Of State  
wlawrence

**Article I**

The name of the Limited Liability Company is:

AP ANESTHESIA PLLC

**Article II**

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

500 SW 145TH AVE, 353  
PEMBROKE PINES, FL. US 33027

The mailing address of the Limited Liability Company is:

500 SW 145TH AVE, 353  
PEMBROKE PINES, FL. US 33027

**Article III**

Other provisions, if any:

PROFESSIONAL SERVICES PROVIDED BY A LICENSED NURSE  
ANESTHETIST.

**Article IV**

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL. 33021

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.

Registered Agent Signature: TRAVIS CRABTREE, OBO LEGALCORP SOLUTIONS

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
ALEJANDRO A PABON  
500 SW 145TH AVE, 353  
PEMBROKE PINES, FL. 33027 US

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Signature of member or an authorized representative

Electronic Signature: SONIA BECERRA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.