

2/28/24, 2:31 PM

Division of Corporations

L24000098832

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.

(((H24000079612 3)))



H240000796123ABC+

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)617-6361

From:

Account Name : PETERSON & MYERS PA
Account Number : 120080000078
Phone : (863)683-6511
Fax Number : (863)688-8099

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

Email Address: AWalls@petersonmyers.com

FLORIDA LIMITED LIABILITY CO. Gainesville Surgery Center Equipment, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

mg

(((H24000079612 3)))

ARTICLES OF ORGANIZATION
OF
GAINESVILLE SURGERY CENTER EQUIPMENT, LLC

The undersigned executes these Articles of Organization of Gainesville Surgery Center Equipment, LLC, to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act.

ARTICLE I. NAME

The name of the limited liability company is Gainesville Surgery Center Equipment, LLC.

ARTICLE II. ADDRESS

The mailing address of the principal office of the limited liability company is PO Box 24628, Lakeland, Florida 33802-4628 and the street address of the principal office of the limited liability company is 225 East Lemon Street, Suite 300, Lakeland, Florida, 33802.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 225 East Lemon Street, Suite 300, Lakeland, Florida 33802, and the name of the limited liability company's initial registered agent at that address is Amanda L. Walls.

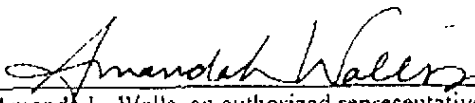
Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Amanda L. Walls

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is to be a manager-managed company. The name and address of the Manager authorized to manage and control the limited liability company is WYAM, LLC, 1245 Court Street, Clearwater, Florida, 33756.

EXECUTED this 28th day of February, 2024.


Amanda L. Walls, an authorized representative

2024 FEB 28 11:46

(((H24000079612 3)))