

L24000 112200

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.

((H24000091954 3)))



H240000919543ABC1

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)617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

2024 MAR -8 PM 1:28
FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Guided and Golden Anesthesia PLLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

FILED
2024 MAR -8 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H24000091954 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Guided and Golden Anesthesia PLLC

(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:13121 Tom Morris Drive
Jacksonville, FL 32224Mailing Address:13121 Tom Morris Drive
Jacksonville, FL 32224

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:

Ashley Blackmon

Name

13121 Tom Morris DriveFlorida street address (P.O. Box **NOT** acceptable)

| | | |
|---------------------|-----------|--------------|
| <u>Jacksonville</u> | <u>FL</u> | <u>32224</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..

Ashley Blackmon (Mar 7, 2024 12:05 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 MAR -8 PM 1:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H24000091954 3)))

(((H24000091954 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

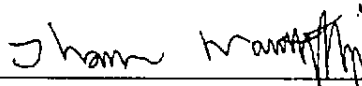
"MGR" = Manager

Name and Address:AMBRAshley Blackmon13121 Tom Morris DriveJacksonville, FL 32224

(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 605.0203 (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.

Thomas Worthington, Authorized Representative

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)

(((H24000091954 3)))

((H24000091954 3))

RIDER TO THE ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

OF

Guided and Golden Anesthesia PLLC

The purpose of the corporation is to engage in the practice of Nurse Anesthesiology; to own real and personal property necessary for, or appropriate or desirable in the fulfillment or rendering of its service or services; and to invest its funds in real estate, mortgages, stocks, bond, or any other type of investment.

((H24000091954 3))