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	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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Special Instructions to	Filing Officer:
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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WAIKIN

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	PICK UP:	JENA 12/2
	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	LLC
	NASA SURGICAL CENTER CORPORATE NAME AND DOCUMEN	
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PECIAL	INSTRUCTIONS:	

COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC		cal Center LLC			
GODAL		Name of	Limited Liabil	ity Company	
The encl	osed Articles of	Organization and fee(s)	are submitted	for filing.	
Please re	turn all correspo	ondence concerning this	matter to the f	following:	
	David L. Pa	ul			
			Name of	Person	
	Rosende Pau	ıl			
			Firm/Co	mpany	
	8200 NW 41	st St, Suite 318			
			Addr	ess	
	Miami, FL 3	3166			
	david@rosen	denaul com	City/State an	d Zip Code	
		E-mail address: (to be u	sed for future a	nnual report notificat	ion)
For further	r information co	ncerning this matter, ple	ease cail:		
	David L. Pau	ıl at	305 (701-2099	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	Lis a check for t	he following amount:			
	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabili	ity Company is:			
Nasa Surgical Cente	v II.C			
	tain the words "Limite	d Liability Company,	"L.L.C.," or "LLC.";)
- Differ Cit. 11 17				
ARTICLE II - Address: The mailing address and street a	address of the principal	l office of the Limited	Liability Company is	s:
<u>Princip</u>	oal Office Address:		Mailing A	Address:
2273 Lee Road, Sui	te 100		Lee Road, Suite 10	0
Winter Park, FL 32	789	Wint	ter Park, FL 32789	
				
The name and the Florida street	Rosende Paul	Name		_
	8200 NW 41st St.			_
	Florida street addr	ress (P.O. Box <u>NOT</u> ac	cceptable)	
	Miami, FL	33166		
	City	State	Zip	
laving been named as registered place designated in this certificate urther agree to comply with the p am familiar with and accept the o	e, I hereby accept the approvisions of all statutes bligations of my positions	ppointment as registere s relating to the proper	ed agent and agree to and complete perfor us provided for in Cha	o act in this capacity. I mance of my duties, and I

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	er -
MGR	Kelly McCants
	2273 Lee Road, Suite 100
	Winter Park, FL 32789
AMBR	Pentus Health LLC.
	2273 Lee Road, Suite 100
	Winter Park, FL 32789
(Use attachment if necessary)	
he date of filing.) Note: If the date inserted in this block the document's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
ARTICLE VI: Other provisions, if any. Any legal business purpose.	
REOUIRED SIGNATURE:	Signed by:
	kelly Melants
This documen I am aware tha	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b). Florida Statutes. It any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
	Kelly McCants
	Typed or printed name of signee
	Filing Fees:
	cles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Op	otional) 🔑 🔀