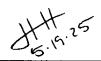
# Florida Department of State Pinision of Corporations Division of Corporations Label To the File Color Sheet



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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

Email Address: bob@rudolph-cpa.com

# FLORIDA LIMITED LIABILITY CO.

## AF Anesthesia LLC

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

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THE STATE

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

# AF 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: 6990 NW 173rd Dr #2004 Hialeah, FL 33015 Missing Address: Hialeah, FL 33015

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:

Adriana Fernandez Hern	andez
Name	
6990 NW 173rd Dr #2004	1
Florida street address (P.O. Box	NOT acceptable)
Hialeah	FL 33015
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..

Registered Agent's Signature (REQUIRED)
Adriana Fernandez Hernandez
(CONTINUED)
Page 1 of 2

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Title:		Name and Address:	
'AMBR" = Authorized 'MGR" = Manager	Member		
AMBR	-	Adriana Fernandez Hernandez	
		6990 NW 173rd Dr #2004 Hialeah, FL 33015	
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Use attachment if nece	essary)		
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