

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8067 • Fax (850) 222-2222

Baptist Medical Park  
Destin - Surgery Center,  
LLC

300003051903-4  
-11/22/99-01135-017  
\*\*\*\*155.00 \*\*\*\*155.00

Please send  
refund app

Art of Inc. File W99-26701  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

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99 NOV 22 PM 3:24

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99 NOV 19 AM 10:06

Signature \_\_\_\_\_

Requested by: Cy

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9:48

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 19, 1999

CAPITAL CONNECTION

SUBJECT: BAPTIST MEDICAL PARK DESTIN - SURGERY CENTER, LLC  
Ref. Number: W99000026701

We are returning your check for \$337.50 because the fee for this filing is \$155.00. Please submit a check in this amount.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 599A00055626

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

99 NOV 22 AM 9:54

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Corrected*

# **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

## **ARTICLE I - Name**

The name of the Company is Baptist Medical Park Destin - Surgery Center, L.L.C.

## **ARTICLE II - Address**

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

3 West Garden Street, Suite 700  
Blount Building  
Pensacola, Florida 32501

## **ARTICLE III - Duration**

The period of duration of the Limited Liability Company shall be:

Until December 31, 2050.

## **ARTICLE IV - Management**

The Limited Liability Company is to be managed by a Board of Managers, and the names and addresses of such managers are:

Members of Board of Managers to be elected after formation.

## **ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Limited Liability Company is:

J. Nixon Daniel, III  
3 West Garden Street, Suite 700  
Blount Building  
Pensacola, Florida 32501

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TALLAHASSEE FLORIDA


## ARTICLE VI - Registered Office

The street address of the initial registered office of the Limited Liability Company is:

3 West Garden Street, Suite 700  
Blount Building  
Pensacola, Florida 32501

Dated

11/18/99

  
J. Nixon Daniel, III

Authorized Representative of Member

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

The foregoing Articles of Organization was subscribed and sworn to before me by J. Nixon Daniel, III, as Authorized Representative of Member, on November 18, 1999; J. Nixon Daniel is personally known to me.

-SEAL-

**MARGARET A. CROCHET**  
Notary Public-State of FL  
Comm. Exp. May 9, 2003  
Comm. No. CC 820710

  
NOTARY PUBLIC

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FILED  
STATE OF FLORIDA  
TALLAHASSEE

## REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

Dated

11/18/99

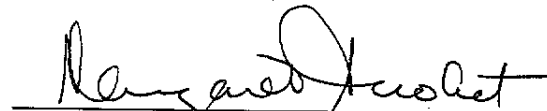
  
J. Nixon Daniel, III

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

The foregoing Registered Agent Acceptance was subscribed and sworn to before me by J. Nixon Daniel, III on November 18, 1999; J. Nixon Daniel, III is personally known to me.

-SEAL-

**MARGARET A. CROCHET**  
Notary Public-State of FL  
Comm. Exp. May 9, 2003  
Comm. No. CC 820710

  
NOTARY PUBLIC