

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

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.

((H07000067268 3)))



H070000672683ABC3

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) 205-0383

From: Account Name : THE KIRWAN LAW FIRM
 Account Number : 120020000151
 Phone : (407) 210-6622
 Fax Number : (407) 540-9484

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 MAR 14 AM 7:45

FLORIDA/FOREIGN LIMITED LIABILITY CO.

The CardioVascular Institute

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

07 MAR 14 PM 1:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RLH

Electronic Filing Menu

Corporate Filing Menu

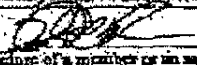
Help

H07000067268 3

No. 1579 E. 5

CLERMONT AMBULATORY SURGICAL CTR
Feb. 1, 2007 10:45AMAPPLICATION BY HERRIN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 800.01, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTIONS WITHIN THE STATE OF FLORIDA:

1. The CardioVascular Institute, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(Fid number, if applicable)
4. _____
(Date of Organization)
5. 2050
(If available, your limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first commenced business in Florida, (See sections 800.01, 800.02, and 817.12, F.S.))
7. 483 N. Semoran Blvd, Suite 204
Winter Park, Florida 32782
(Mailed address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
Robert Miner, Manager
483 N. Semoran Blvd Suite 204
Winter Park, Florida 32782
10. Attached is a certified copy of evidence, not more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of a translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Management Services
All persons and entities are put on notice of the limitations on liability of a member as referenced in the Certificate of Formation on file with the Secretary of State for the State of Delaware and set forth in 6 Del. C. 18-315.


Signature of a member or an authorized representative of a member.
(In accordance with section 800.01(3), F.S., the certificate of this document shall have an expiration under the penalties of perjury that the State shall herein set, none.)

Robert Miner

Typed or printed name of signer

07 MAR 14 AM 7:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H07000067268 3

H07000067268 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.415 or 605.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

The CardioVascular Institute, LLC

2. The name and the Florida street address of the registered agent and office are:

Robert Miner

(Name)

483 North Semoran Blvd, Suite 204

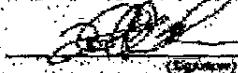
(Florida street address (P.O. Box NOT ACCEPTABLE))

Winter Park

FL 32782

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company of 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.



(Signature)

\$ 160.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

07 MAR 14 AM 7:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H07000067268 3

Delaware

The First State

PAGE 1

H07000067268 3

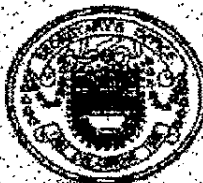
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CARDIOVASCULAR INSTITUTE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "THE CARDIOVASCULAR INSTITUTE, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR 14 AM 7:45

4295190 83008

070123160



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5406978

DATE: 02-05-07

H07000067268 3