

9/20/2018

Division of Corporations

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KellyM@JPFIRM.COM

Foreign Limited Liability Company
Compass Surgical Partners Holdings of Hillsborough,

Certificate of Status	0
Certified Copy	0
Page Count	02
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September 21, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOENSON, POPE

SUBJECT: COMPASS SURGICAL PARTNERS HOLDINGS OF HILLSBOROUGH, LLC
REF: W18000084572

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H18000275228
Letter Number: 018A00019697

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Compass Surgical Partners Holdings of Hillsborough, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. North Carolina 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (PSI number, if applicable)

4. 9.20.18
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9131 Anson Way, Suite 304 6. 9131 Anson Way, Suite 304
(Street Address of Principal Office) (Mailing Address)
Raleigh, NC 27615 Raleigh, NC 27615

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name Chestnut Business Services, LLC
Office Address: 333 3rd Avenue North, Suite 200
St. Petersburg, Florida 33701
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Mgr</u>	<u>Douglas Driver</u>		
	<u>9131 Anson Way, Suite 304</u>		
	<u>Raleigh, NC 27615</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0903 (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.

(Signature of authorized person)

Michael S. Magidson
(Typed or printed name of agent)

2018 SEP 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FL

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NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

COMPASS SURGICAL PARTNERS OF HILLSBOROUGH, LLC

the original of which was filed in this office on the 24th day of August, 2018.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of August, 2018.

Elaine F. Marshall

Secretary of State