

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION



20141204000381880 1/4 \$158.00  
Shelby Cnty Judge of Probate, AL  
12/04/2014 02:43:15 PM FILED/CERT

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-1-3.05 and 10A-5-2.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

(For County Probate Office Use Only)

**The information completing this form must be typed or laser printed.**

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06):

North Alabama Vascular Care, LLC

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-4.02(f)].**

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

Lisa McNamara, EVP  
9140 Corsea del Fontana Way  
Naples FL 34109

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. Street (**No PO Boxes**) address of principal office of the limited liability company (LLC):

9140 Corsea del Fontana Way Naples FL 34109

Mailing address of principal office (if different from street address):



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4. The name of the Registered Agent: Registered Agents, Inc.

Street (**No PO Boxes**) address of Registered Agent (if different from principal office address):

4000 Eagle Point Corporate Drive STE 500 Birmingham, Alabama 35242

Mailing address of Registered Agent (if different from street address):

5. Purpose for which the limited liability company formed: all lawful purposes

\_\_\_\_\_; the purpose includes the transaction of any lawful business for which limited liability companies may be organized in Alabama under Title 10A, Chapter 5 of the Code of Alabama.

6. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

7. The name(s) of the Organizer(s): Lisa McNamara, EVP

Street (**No PO Boxes**) address of Organizer(s): 9140 Corsea del Fontana Way Naples FL 34109

\_\_\_\_\_  
Mailing address of Organizer(s) – (if different from street address):

**Attach a listing if more Organizers need to be added.**

8. If the limited liability company is to be managed by one or more managers, give the number of managers 1 and the names and mailing addresses of the manager or managers who are to serve as managers until their successors are elected and begin serving:

Manager's Name: Preferred Vascular Group, LLC

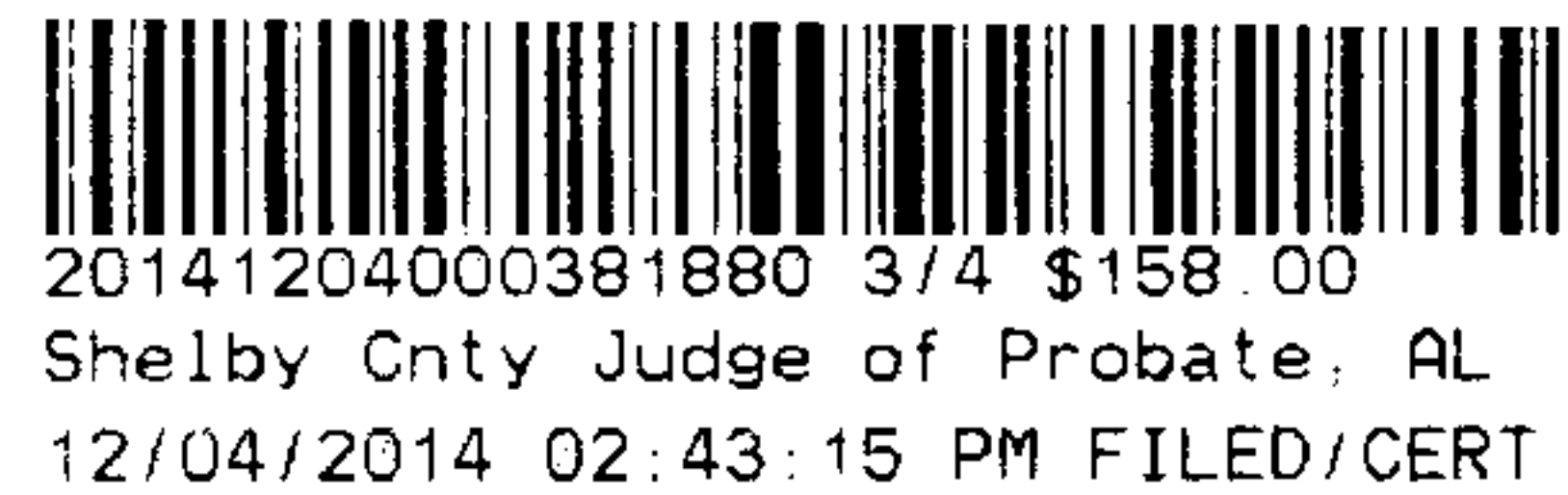
Mailing address of Manager: 9140 Corsea del Fontana Way Naples FL 34109



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Manager's Name: \_\_\_\_\_

Mailing address of Manager: \_\_\_\_\_




**Attach listing if more Managers need to be added.**

9. The right, if given, of the member or members to admit additional members, and the terms and conditions of the admission are attached.
10. The circumstances, if any, under which the cessation of membership of one or more members will result in dissolution of the limited liability company are attached. N/A
11. The filing of the limited liability company is effective immediately on the date filed by the judge of probate or at the later date specified in this filing (no more than 90 days after date of signing). 10A-1-4.12

The undersigned specify \_\_\_\_/\_\_\_\_/\_\_\_\_ as the effective date (must be later than the date filed in the office of the county judge of probate, but not more than 90 days after the date of signing).

☐ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability company.

12 / 03 / 2014  
Date (MM/DD/YYYY)

  
Signature as required by 10A-5-2.04

Lisa A McNamara  
Typed Name of Above Signature

Organizer  
Typed Title (Member, Organizer or Attorney-in-fact)

**Additional members may sign (attach listing if necessary).**

/ /  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-5-2.04

\_\_\_\_\_  
Typed Name of Above Signature

\_\_\_\_\_  
Typed Title (Member)

Jim Bennett  
Secretary of State

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P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**North Alabama Vascular Care, LLC**

This name reservation is for the exclusive use of Preferred Vascular Group, LLC, 9140 Corsea del Fontana Way, Naples, FL 34109 for a period of one year beginning October 04, 2014 and expiring October 04, 2015



RES669818

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

October 04, 2014

Date

A handwritten signature in cursive script, appearing to read "Jim Bennett".

**Jim Bennett**

**Secretary of State**