

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION



20150209000041390 1/3 \$158.00  
Shelby Cnty Judge of Probate, AL  
02/09/2015 11:08:35 AM FILED/CERT

**PURPOSE:** In order to form a limited liability company (LLC) under Section 10A-5A-2.01 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** for standard filing (based on date of receipt and volume) **or \$200.00 for expedited service** (processed within approximately 3 business days after date of receipt from the County Probate Office) 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 which is evidence of existence (if it is certified by Probate Office) according to 10A-1-4.04(c) 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. 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):

Shelby Surgical Group L.L.C.

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)

Barbara Taylor  
4091 Paxton Place  
Vestavia, Alabama 35242

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3. The name of the Registered Agent: Steve Taylor M.D.

Street (**No PO Boxes**) address of Registered (must be located in Alabama):

1004 1st Avenue North Suite 150 Alabaster, AL 35007

Mailing address of Registered (if different from street address): 4091 Paxton Place Vestavia AL 35242

4. There is at least one member of the limited liability company.

5. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (later date) specified in this filing (no more than 90 days after date of signing of this document). 10A-1-4.12

The undersigned specify 02 / 02 / 2015 as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but not more than 90 days after the date of signing of the document) and the time of filing to be     :     AM

☐ Attached are any other matters the members determine to include herein and/or, if applicable, any statements required to meet 10A-5A-11.02(b)(3) requirements.

02 / 02 / 2015  
Date (MM/DD/YYYY)

Steve Taylor, M.D.  
Signature as required by 10A-5A-2.04

Steve Taylor M.D.  
Typed Name of Above Signature

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

Additional Organizers may sign (add additional sheets if necessary).

02 / 02 / 2015  
Date (MM/DD/YYYY)

Mark Scofield  
Signature as required by 10A-5A-2.04

Mark Scofield M.D.  
Typed Name of Above Signature

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

John H. Merrill  
Secretary of State

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

# STATE OF ALABAMA

**I, John H. Merrill, 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:

**Shelby Surgical Group L.L.C.**

This name reservation is for the exclusive use of Barbara Taylor, 4091 Paxton  
Place, Vestavia, AL 35242 for a period of one year beginning January 28, 2015  
and expiring January 28, 2016



RES679479

**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.**

January 28, 2015

Date

*J. H. Merrill*

**John H. Merrill**

**Secretary of State**