

AZ CORPORATION COMMISSION
FILED

AZ Corp. Commission



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NOV 18 2008

FILE NO. L-1489517-0

ARTICLES OF ORGANIZATION
FOR
NAES SURGERY CENTER, INC. LLC

**Articles of Organization
NAES Surgery Center, Inc., LLC**

We, the undersigned, have associated ourselves for the purpose of forming a corporation for profit under the laws of the State of Arizona, and for that purpose do hereby adopt the following Articles of Incorporation:

Article I

1. The name of the limited liability company is NAES Surgery Center, Inc.

Article II

2. The known place of business of the corporation shall be 900 North San Francisco Street, Flagstaff, Arizona 86001.

Article III

3. The name and address of the initial statutory agent of the corporation is: Mr. Bruce S. Urdang, Attorney at Law, 5171 E. Hawthorne Drive, Flagstaff, AZ, 86004.

Article IV

4. The purpose for which this LLC is organized is the transaction of any and all lawful business for which the LLC may be incorporated under the laws of the State of Arizona. The LLC initially intends to engage in the provision of certain medical services.

Article V

5. Dissolution. The lastest date, if any, on which the limited liability company must dissolve is January, 2040.

Article VI

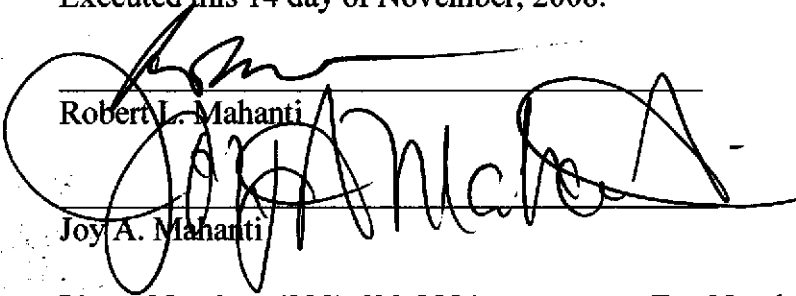
6. Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in capital or profits of the limited liability company are:

Management of the limited liability company is reserved to the members. The names and addresses of each person who is a member are:

Robert L. Mahanti, 1265 East Appalachian, Flagstaff, AZ 86004

Joy A. Mahanti, 1265 East Appalachian, Flagstaff Arizona 86004

Executed this 14 day of November, 2008.


Robert L. Mahanti

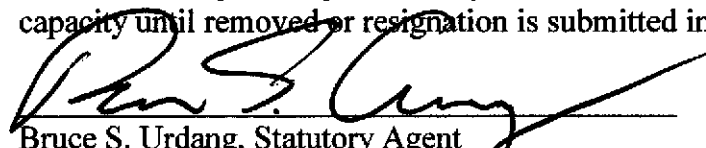
Joy A. Mahanti

Phone Number: (928) 600-3984

Fax Number (928) 222-0158

Acceptance of Appointment by Statutory Agent

I, Bruce Urdang, having been designated to act as a Statutory Agent, hereby consent to act in the capacity until removed or resignation is submitted in accordance with the Arizona Revised.


Bruce S. Urdang, Statutory Agent

THE HISTORY OF THE CITY OF BOSTON

FROM THE FIRST SETTLEMENT TO THE PRESENT TIME
BY
JOSEPH NEALE, ESQ.

IN TWO VOLUMES.
VOL. I.

1790.

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JOSEPH NEALE, ESQ.

AT THE SIGN OF THE BRASS ARCADE, IN THE
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BY THE AUTHOR OF THE HISTORY OF THE
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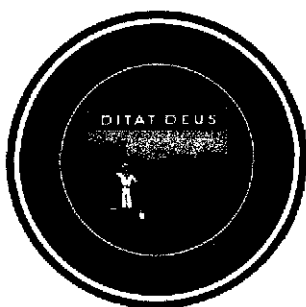
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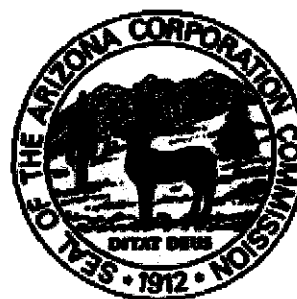
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10/29/2008



Arizona Corporation
Commission
Electronic Filing
Document Information

5:10
PM**CONGRATULATIONS!**

- Please print two copies of this E-filed document:
 - One to submit when filing articles/application.
 - One for your records.
- Thank you for E-filing!

APPLICATION FOR RESERVATION OF CORPORATE NAME**Document Information****Your Order Number is:** 282299**Fee:** 10.00**Expedite:** 35.00

NAES SURGERY CENTER, INCORPORATED
JOY MAHANTI
POB 31012
FLAGSTAFF AZ 86003

Effective Date: 10/29/2008
File No: N-1485631-6

You have reserved the name of:
NAES SURGERY CENTER, INCORPORATED

Name Reservation is granted for a period not to exceed one hundred and twenty(120) days.

This name reservation was received on 10/29/2008 and will expire on 02/27/2009 (A.R.S. SECTION 10-402).

The reservation number referenced above **may not** be the same as the file number you will receive upon approval of your articles/application. We advise that this number not be used for any purposes before your articles/application are approved by the Corporation Commission.

IMPORTANT: Include a copy of this reservation confirmation letter when filing articles/application for a corporation or Limited Liability Company.

AMOUNT RECEIVED \$45

RECEIPT No. 81701

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**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET**

Important: USE A SEPARATE COVER sheet for each document.

ARE YOU FILING: ☒ New Entity ☐ Change to existing Entity ☐ Re submission/Correction

Please Select AND Complete all the Appropriate Sections 1 through 10:
Regarding (Name/Proposed name for Corp/LLC):

1. Type in Name: _____
2. Filing Type: (Select Only One)
- | | |
|--|----------|
| ☐ Articles of Domestication | \$100.00 |
| ☐ Articles of Incorporation (P) | \$ 60.00 |
| ☐ Articles of Incorporation (NP) | \$ 40.00 |
| ☒ Articles of Organization (LLC) | \$ 50.00 |
| ☐ Application For Authority (Business) | \$175.00 |
| ☐ Application to Conduct Affairs (NP) | \$175.00 |
| ☐ Application for New Authority | \$175.00 |
| ☐ Application for Registration | \$150.00 |
| ☐ Articles of Amendment | \$ 25.00 |
| ☐ Articles of Amendment & Restatement | \$ 25.00 |
| ☐ Articles of Correction | \$ 25.00 |
| ☐ Articles of Merger/Share Exchange | \$100.00 |
| ☐ Articles of Merger LLC | \$ 50.00 |
| ☐ Affidavit of Publication | No Fee |
| ☐ Other: | |
3. Extras:
- ☐ Certified Copies () (Qty @ \$5 each for Corps)
- ☐ Certified Copies () (Qty @ \$10 each for LLC=s)
- ☐ Good Standing Certificate () (Qty @ \$10 ea.)
- ☐ Expedite Good Standing (\$35.00 extra)
- ☐ Expedite Certified Copies (\$35.00 extra)
4. Processing Type (Select One)
- ☒ **Expedited** (\$35.00) (Priority service, Additional Fee Per Document) Completed as soon as possible. View current processing times at <http://www.azcc.gov/Divisions/Corporations>
- ☐ **Regular** View current processing times at <http://www.azcc.gov/Divisions/Corporations>
5. Select Payment type:
- ☒ Check Amt 85- Check # 6366
- ☐ Cash Amt _____
- ☐ MOD Amt _____ MOD # _____
- ☐ No fee required
- ☐ See attached distribution of funds instructions
6. Total Payment Type: \$ 0.00
7. Other Special Instructions: _____
8. SELECT ONE RETURN DELIVERY OPTION : ☐ Mail ☐ Pick Up ☒ Fax # (928) 222-0158
9. The following individual should be called to pick up completed documents:
- Name/Service Co/Preparer: _____ Phone: _____
- Preparer License # _____
- (If applicable)
10. Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:
- Firm Name: _____ Attn: _____
- Address: _____
- City, State, Zip: _____

Pick-up by: _____ Date: _____

(FOR ACC USE ONLY. Do not fill in this box)

