Florida Department of State

Division of Corporations Public Access System

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SECRETARY OF STAIL

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# LIMITED LIABILITY COMPANY

DB Surgical, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: DB Surgical, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 10409 NW 6th Street, Coral Springs, Florida 33071

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Flor	ida street address of the registered agent are:	₽°	_
	Lee Burg	EG	22
	Name	£21	VQV
	10409 NW 6th Street	SS	2 NOV 15
	Florida street address (P.O. Box NOT acceptable)	EG C	
	Corel Springs, Florida 33071	11°C	တ္တ
	City, State, and Zip	ORID.	=
registered agent and a statutes relating to the	e place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am fan of my position as registered agent as provided for in Chapter Registered Agent's Signature	e provisio niliar with	ns of all
The Limited Liab	ment (Check box if applicable.) sility Company is to be managed by one manager or more ma ager - managed company.	magers ar	id is,
	dditional article must be added if an effective date is request	ied)	·
C	In accordance with section 608.408(3), Florida Statutes, the execution f this document constitutes an affirmation under the penalties of perjury nat the facts stated herein are true.)		
Robert 1. Burnett, ESq	Lee Burg  Typed or printed name of signee		
Florida Bar #0117978 Becker & Poliakoff, P.A.	+ 2 her or firmed Harto of visites		
3111 Stirling Road	Filing Fees:	_	
Ft. Lauderdale, FL 33312 (954) 364-6007	\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent	1	

\$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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