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# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

## ADVANCED ORTHOPEDIC SPECIALISTS, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 01 |
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TALLAHASSEE, FLORIDA

1-27-03

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is: ADVANCED ORTHOPEDIC SPECIALISTS, LLC

**ARTICLE II - Address:** 19390 COLLINS AVENUE, SUITE 1527-A, AVENTURA BEACH, FL 33160-2277
The mailing address and street address of the principal office of the Limited Liability Company is:
19390 COLLINS AVENUE, SUITE 1527-A
AVENTURA BEACH, FL. 33160-2277

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

The name and the Florida street address of the registered agent are:

DAVID NORIEGA MEDINA
Name

19390 COLLINS AVENUE - SUITE
Florida street address (P.O. Box NOT acceptable)

AVENTURA BEACH FL 33160-2277
City, State, and Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID NORIEGA MEDINA
Typed or printed name of signee

**Filing Fees:**
**$100.00 Filing Fee for Articles of Organization**
**$ 25.00 Designation of Registered Agent**
**$ 30.00 Certified Copy (Optional)**
**$ 5.00 Certificate of Status (Optional)**

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