

W04000012379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

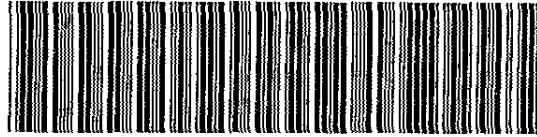
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W04-12379  
OK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Devin Medical Technologies, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leonard Hoogenboom, CPA  
(Name of Person)

Hoogenboom + Co, CPA, PA  
(Firm/Company)

PO Box 5658  
(Address)

Florence SC 29502  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Leonard Hoogenboom at ( 843 ) 669 7233  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Devin Medical Technologies, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

706 Harbour Point Way  
West Palm Beach FL  
33413

Mailing Address:

P.O. Box 6171  
Florence, SC 29502

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

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

Debra L. Maier  
Name

706 Harbour Point Way  
Florida street address (P.O. Box NOT acceptable)

West Palm Bch. FLORIDA 33413  
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, Florida Statutes..*

Debra L. Maier  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Debra L. Maier  
706 Harbour Point Way  
West Palm Beach, FL 33413

MGRM

Kevin Grice  
PO Box 6171  
Florence SC 29502

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Debra L. Maier

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.)

Debra L. Maier

Typed or printed name of signer

**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)