

Division of Corporations

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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****ROSASBRAVO SURGICAL GROUP, LLC**

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ROSASBRAVO SURGICAL GROUP, LLC

**ARTICLE II ADDRESS**

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

255 EVERNIA ST. APT#1008  
WEST PALM BEACH FL 33401

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

LUIS ROSAS  
255 EVERNIA ST. APT#1008  
WEST PALM BEACH FL 33401

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



\_\_\_\_\_  
LUIS ROSAS/ Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

LUIS ROSAS  
Managing Member: 255 EVERNIA ST. APT#1008  
WEST PALM BEACH FL 33401



\_\_\_\_\_  
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.)

LUIS ROSAS  
Typed or printed name of signee

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