

L06000119901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

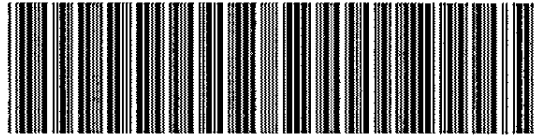
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06 DEC 18 PM 4:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

06 DEC 18 AM 7:48

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
06 DEC 18 AM 7:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

CONTACT: RICKY SOTO

DATE: 12/18/2006

REF. #: 000164.61529

CORP. NAME: EDEN SPINE HOLDING, LLC - FILE SECOND

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 519486 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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

FILED
06 DEC 18 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name

The name of the Limited Liability Company is: **EDEN SPINE HOLDING, LLC.**

ARTICLE II – Address

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

3942 Villas Green Circle
Longwood, FL 32779

ARTICLE III – Existence and Duration

The Limited Liability Company shall commence its existence on the date these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV – Management

The Limited Liability Company is to be managed by a manager and is therefore a manager-managed company. The name and address of the Manager is as follows:

<u>Title:</u>	<u>Name and Address</u>
Manager	ES Management, LLC Atten: Guillaume Viallaneix 3942 Villas Green Circle, Longwood, FL 32779

ARTICLE V – Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, Florida 32301



12/13/06
(Date)

Guillaume Viallaneix, Authorized Agent

(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.)

REGISTERED AGENT ACCEPTANCE:

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.

CorpDirect Agents, Inc.

By: Daniel K. Hawn - Asst. Sec.

12-18-2000
Date