

LD8000072083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

07/10/08--01025--020 **160.00

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. 72083 JUL 28 2008

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SPINE DESIGNS

(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:

NEAL PACHTMAN

(Name of Person)

SPINE DESIGNS, LLC

(Firm/Company)

4404 WOODFIELD BLVD.

(Address)

BOCA RATON, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

NEAL PACHTMAN

(Name of Person)

at (561) 926.7369

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee &
Certificate of Status Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2008

NEAL PATCHTMANN
4404 WOODFIELD BLVD.
BOCA RATON, FL 33434

SUBJECT: SPINE DESIGNS, LLC
Ref. Number: W08000032967

We have received your document for SPINE DESIGNS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through Division's records at www.sunbiz.org.

- ~ the name of a limited liability company must end with the words
- ~ Company, the abbreviation L.L.C., or the designation LLC. The
- ~ may be abbreviated as Ltd. and the word Company may be
- ~. The following suffixes are no longer acceptable: Limited
- ~ LC.

sent, along with a copy of this letter, within 60 days or abandoned.

Concerning the filing of your document, please call

Letter Number: 008A00040938

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPINE DESIGNS ~~LLC~~ UNLIMITED, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

4404 WOODFIELD BLVD.
BOCA RATON, FL 33434

Mailing Address:

4404 WOODFIELD BLVD.
BOCA RATON, FL 33434

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NEAL PACHTMAN

Name

4404 WOODFIELD BLVD.

Florida street address (P.O. Box NOT acceptable)

BOCA RATON, FL 33434

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Neal Pachtman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGR

NEAL PACHTMAN

4404 WOODFIELD BLVD.

BOCA RATON, FL 33434

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 1, 2008 (OPTIONAL)
(If an effective date is listed, the date **must** be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Neal Pachtman
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.)

NEAL PACHTMAN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA