

L09000041837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

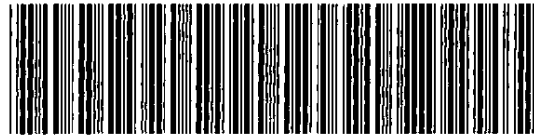
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600150854876

04/20/09--01055--007 **160.00

FILED
09 APR 27 PM 3:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

S. HAWKES

APR 21 2009

EXAMINER

S. HAWKES

APR 30 2009

EXAMINER

~~600150854876~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2009

STEPHEN J FINNELL
889 PICKFAIR TERRACE
LAKE MARY, FL 32746

SUBJECT: ORTHOGRAPHX, LLC
Ref. Number: W09000018978

We have received your document for ORTHOGRAPHX, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 209A00013566

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OrthoGraphx

(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:

Stephen J Finnell

(Name of Person)

OrthoGraphx

(Firm/Company)

889 Pickfair Terrace

(Address)

Lake Mary, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen J Finnell

(Name of Person)

at (**407**) **670-4257**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orthographx, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

889 Pickfair Terrace
Lake Mary, FL 32746

Mailing Address:

889 Pickfair Terrace
Lake Mary, FL 32746

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:

Stephen J Finnell

Name

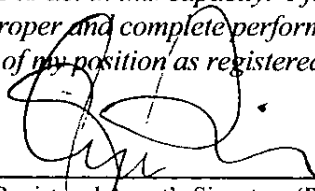
889 Pickfair Terrace

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

Lake Mary FL 32746

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 (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

Stephen J Finnell

889 Pickfair Terrace

Lake Mary, FL 32746

MGRM

Ann Y Garnett

889 Pickfair Terrace

Lake Mary, FL 32746

09 APR 27 PM 3:54
STATE OF FLORIDA
TALAMON, JEFFREY

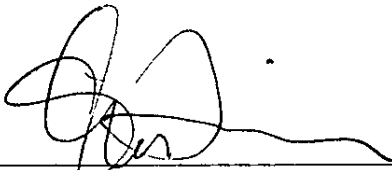
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of Filing (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:



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.)

Stephen J Finnell

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)