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(City/State/Zip/Phone #)

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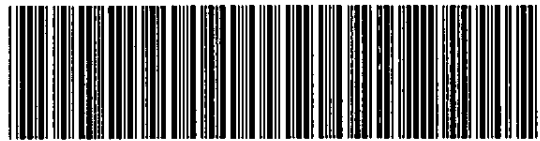
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TALLAHASSEE, FLORIDA

J. BRYAN

NOV 24 2009

EXAMINER

Law Offices of Jody H. Oliver, PLLC
800 Village Square Crx. # 340
Palm Beach Gardens, FL 33410
Tel (561) 656-2003 Fax (561) 744-2064
Email jooliver8@aol.com

November 19, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Neurosurgery & Orthopaedic Institute, LLC

Dear Registration Section:

Enclosed please find the following documents for processing:

1. Articles of Organization for LLC.

A check for \$130.00 is also enclosed for the filing fees and certificate of good standing. Please fax the corporate number to 561 744-2064 as soon as possible, and return the original documents to the undersigned in the enclosed self addressed stamped envelope.

If you have any questions please do not hesitate to contact me.

Very truly yours,
LAW OFFICES OF JODY H. OLIVER,
PLLC

Jody H. Oliver

cc: Eric Weinberger

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ARTICLES OF ORGANIZATION
FOR

Florida Neurosurgery & Orthopaedic Institute, LLC
a Florida Limited Liability Company

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Companies Act, do hereby adopt the following Articles of Organization for such company:

1. Name. The name of this company shall be Florida Neurosurgery & Orthopaedic Institute, LLC .

2. Duration/Continuation. The period of this company's duration shall be perpetual, unless terminated by the unanimous written agreement of all members or by the death, retirement resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member, unless the business of the company is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.

3. The mailing address and the street address of the company is 4290 Professional Center Drive, Suite 105, Palm Beach Gardens, Florida 33410.

4. Registered Agent and Office. The name and street address of the initial registered agent and office for this company is as follows: Lawrence Bass, Esquire, 1240 Parkside Green Drive, Unit B, West Palm Beach, Florida 33415.

5. Admission of Additional Members; and Terms and Conditions of such Admissions. Additional members may be admitted only upon the approval of the majority of the non-transferring members of the Company upon the written application of such new member, in the manner set forth in the Regulations of the Company.

6. Right to Continue Business. Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members.

7. Member. The sole initial member of the PLLC is Dr. Heldo Gomez.

8. Management of Company. The management of the Company is reserved to one or more managers. The name and address of the sole Manager, who shall serve until the first annual meeting of member or until his successor is elected and qualified, is:

Names

Addresses

Dr. Heldo Gomez

4290 Professional Center Drive, Suite 105
Palm Beach Gardens, Florida 33410

9. Operating Agreement. The power to adopt, alter, amend or repeal the Operating Agreement of the limited liability company shall be vested in the member(s). Operating Agreements

adopted by the members or by the Manager may be repealed or altered, new Operating Agreements may be adopted by the member, and the member may prescribe in any Operating Agreements made by them that such Operating Agreements may not be altered, amended or repealed by the Manager(s).

10. **Informal Action of Member.** Any action of the member may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all members who would be entitled to vote upon such action at a meeting (and filed with the Manager(s) of the Company as part of its records.)

IN WITNESS WHEREOF, the undersigned as authorized representative and member has hereunto set his hand and seal this 02 day of OCTOBER, 2009.


DR. HELDO GOMEZ

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 2 day of October 2009, by Dr. Heldo Gomez who is personally known to me or who has produced _____ as identification.

My commission expires:



LISA O'KEEFE
MY COMMISSION # DD672111
EXPIRES May 17, 2011
FloridaNotaryService.com

NOTARY PUBLIC
Print Name:

REGISTERED AGENT ACCEPTANCE

Having been named as Registered Agent and to accept service of process for the above stated limited liability company, 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.


Lawrence I. Bass, Esquire

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 12th day of November 2009, by Lawrence I. Bass, who is personally known to me or who has produced _____ as identification.


NOTARY PUBLIC

Print Name:

My commission expires:

NOTARY PUBLIC-STATE OF FLORIDA
Cheryl K. Doyle
Commission # DD563812
Expires: JUNE 14, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

Cheryl K. Doyle

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