

**L1066645281**

Florida Department of State

Division of Corporations  
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(((H10000097305 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : DORAL CORPORATE FILING SERVICE  
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TALLAHASSEE, FLORIDA**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
NEUROVASCULAR SOLUTIONS, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**S. HAWKES**  
APR 28 2010  
**EXAMINER**

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April 27, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DORAL CORPORATE FILING SERVICE

SUBJECT: NEUROVASCULAR SOLUTIONS, LLC  
REF: W10000020262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

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

Suzanne Hawkes  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H10000097305  
Letter Number: 110A00010301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

110000097305

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEUROVASCULAR SOLUTIONS, 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:

2900 Glades circle, suite 1450,

Weston, FL, 33327

Mailing Address:

2900 Glades circle, suite 1450,

Weston, FL, 33327

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:

Lida Cifuentes

Name

2723 Center Court Drive

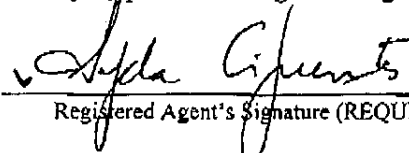
Florida street address (P.O. Box NOT acceptable)

Weston

FL 33332

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)

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TALLAHASSEE, FLORIDA

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**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

Lida Cifuentes

2723 Center Court Drive

Weston, FL, 33332

MGR

Maribel Correa Seljas

3208 Huntington Drive

Weston, FL, 33332

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 04/22/2010 (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:**

*Lida Cifuentes*

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.)

Lida Cifuentes

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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