

L10000062318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

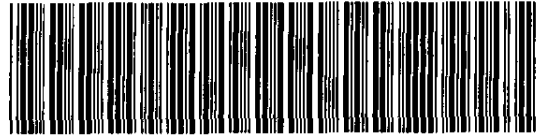
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

L100000621590

Office Use Only



000179906640

05/03/10--01021--006 \*\*125.00

FILED  
10 JUN -9 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 10 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2010

JOHN A SCHELAND  
8805 TAMiami TRAIL NORTH #122  
NAPLES, FL 34108

SUBJECT: SURGICAL INNOVATIONS, LLC  
Ref. Number: W10000021590

FILED  
10 JUN -9 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SURGICAL INNOVATIONS, LLC and your check(s) totaling \$125.00. 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 the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

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

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 610A00011083

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Surgical/Medical Innovations, LLC  
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:

John A Scheland  
Name of Person

N/A  
Firm/Company

8805 Tamiami Trail North #122  
Address

Naples, FL 34108  
City/State and Zip Code

johnschelanddpm@epix.net  
E-mail address: (to be used for future annual report notification)

FILED  
10 JUN - 9 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John A Scheland  
Name of Person

at (570) 498-0237  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

X \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status &  
Certified Copy

**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:

Surgical/Medical Innovations, 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:**

257 Charleston CT  
Naples, FL 34110

**Mailing Address:**

8805 Tamiami Trail North  
# 122  
Naples, FL 34108

**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:

Hugo Papa  
Name  
257 Charleston CT  
Florida Street address (P.O. Box NOT acceptable)  
Naples, FL 34110  
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)

FILED  
10 JUN -9 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s)**

**The name and address of each Manager or Managing Member is as follows:**

<b>Title:</b>	<b>Name and Address:</b>
<u><b>MGRM</b></u>	<u><b>John A. Scheland, DPM</b></u> <u><b>630 Clark Street</b></u> <u><b>Old Forge, PA 18518</b></u>
<u><b>MGRM</b></u>	<u><b>Elizabeth A. Scheland</b></u> <u><b>Box 128</b></u> <u><b>Durham, PA 18039</b></u>
<u><b>MGRM</b></u>	_____ _____ _____
<u><b>MGRM</b></u>	_____ _____ _____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the 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.)

**Hugo Papa**

\_\_\_\_\_  
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)

**FILED**  
10 JUN -9 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA