

L10000075047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

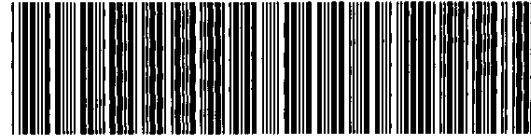
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600182830636

07/15/10--01028--001 **210.00

FILED
2010 JUL 15 PM 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 16 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Spine Matrix Technologies, 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 S. Bradley
Name of Person

PARSONS KINGHORN HARRIS, P.C.
Firm/Company

111 E. Broadway, Suite 1100
Address

Salt Lake City, UT 84111
City/State and Zip Code

jsb@pkhlawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John S. Bradley at (801) 363-4300
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spine Matrix Technologies, 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:

Mailing Address:

11313 Mandarin Ridge Lane
Jacksonville, FL 32258

P.O. Box 1693
Bountiful, UT 84011-1693

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:

Barbara Naif
Name

11313 Mandarin Ridge Lane
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32258
City, State, and Zip

FILED
2010 JUL 15 PM 1:33
SECRETARY OF STATE
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.

Barbara Naif
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2010 JUL 15 PM 10 38

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Adam Ashley Pike
313 Pheasant Ridge Circle
Bountiful, UT 84010

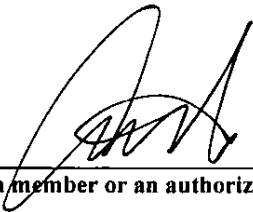
MGR _____

Bret Michael Berry
3418 Woodley Road
Tallahassee, FL 32312

(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.)

Adam Ashley Pike, MGR

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)