

L100000 78094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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EXAMINER



JOHN S. BRADLEY
jsb@pkhlawyers.com

PARSONS KINGHORN HARRIS
A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

111 East Broadway, 11th Floor
Salt Lake City, Utah 84111
Phone 801 363 4300
Fax 801 363 4378
www.pkhlawyers.com

July 12, 2010

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

RE: SPINE GENESIS INDUSTRIES, LLC

To Whom It May Concern:

Please find enclosed herein for filing with your office the following referenced documents:

1. Cover letter concerning the *Articles of Organization* for **SPINE GENESIS INDUSTRIES, LLC** to be filed with the State of Florida;
2. *Articles of Organization* for **SPINE GENESIS INDUSTRIES, LLC**, in duplicate;
3. Cover letter concerning the *Certificate of Merger* for **SPINE GENESIS INDUSTRIES, LLC** currently organized in the State of Utah; and the
4. *Certificate of Merger* for **SPINE GENESIS INDUSTRIES, LLC**, also in duplicate.

Please note that I have enclosed check number 16188 in the amount of \$210.00 (\$155.00 to file the Articles of Organization requesting the return of a Certified Copy, together with the \$25.00 filing fee for the Certificate of Merger for a limited liability company and an additional \$30.00 requesting the return of a Certified Copy of the Certificate of Merger). I have enclosed sufficient copies of the referenced documents which I am requesting be certified and returned, and for your convenience, I am also providing herein a stamped, self-addressed envelope for the return of the certified copies to my attention.

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State of Florida
Registration Section
Division of Corporations
July 12, 2010
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If you should have any questions concerning any of the enclosed documents or if the filing fees have been miscalculated in any way, please telephone our office immediately at (801) 363-4300.

Thank you in advance for your time and assistance in this matter.

Cordially,

PARSONS KINGHORN HARRIS
A PROFESSIONAL CORPORATION



Janelle L. Dannenmueller, Legal Assistant to
John S. Bradley

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TALLAHASSEE, FLORIDA
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/jld
Enclosures
Cc: Adam A. Pike (w/o encl.)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spine Genesis Industries 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)

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TALLAHASSEE, FLORIDA

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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 Genesis Industries, 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:

11313 Mandarin Ridge Lane
Jacksonville, FL 32258

Mailing Address:

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

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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

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)

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

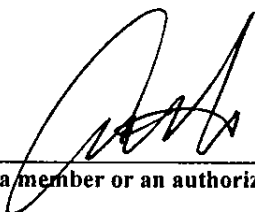
Bret Michael Berry
3418 Woodley Road
Tallahassee, FL 32312

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TALLAHASSEE, FLORIDA

(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)