

Division of Corporations

Page 1 of 1

L110000048513

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000004851 3)))



H110000048513ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : STEPHEN S. MATHISON, P.A.
Account Number : I20040000071
Phone : (561) 624-2001
Fax Number : (561) 624-0036

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: Steve C Mathison law.org

FILED
 11 JAN -6 AM 8:50
 TALLAHASSEE, FLORIDA

RECEIVED
 11 JAN -6 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Palm Beach Spine & Orthopaedic Institute, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

D. BRUCE

JAN 07 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H11000004851 3)))

ARTICLES OF ORGANIZATION**OF****PALM BEACH SPINE & ORTHOPAEDIC INSTITUTE, LLC**

The undersigned, for the purposes of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I**Name**

The name of this limited liability company shall be PALM BEACH SPINE & ORTHOPAEDIC INSTITUTE, LLC (the "Company").

ARTICLE II**Address**

The mailing address and street address of the principal office of the Company shall be 600 Heritage Drive, Suite 110, Jupiter, Florida 33458.

ARTICLE III**Duration**

The Company shall commence its existence on the date these Articles of Organization were filed with the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization, the Operating Agreement, if any, or by law.

ARTICLE IV**Registered Office and Agent**

The name and street address of the Registered Agent of the Company in the State of Florida is Stephen S. Mathison, P.A., 5606 PGA Boulevard, Suite 211, Palm Beach Gardens, Florida 33418.

ARTICLE V**Management by Manager**

The Company shall be managed by its Manager in accordance with the Operating Agreement adopted by the Member(s) for the management of the business and affairs of the

(((H11000004851 3)))

FILED
11 JAN -6 AM 8:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H11000004851 3)))

PALM BEACH SPINE & ORTHOPAEDIC INSTITUTE, LLC
 ARTICLES OF ORGANIZATION
 PAGE 2 OF 3

Company, if any. An Operating Agreement, if adopted, may contain any provisions for the regulation of the affairs of the Company not inconsistent with law or these Articles.

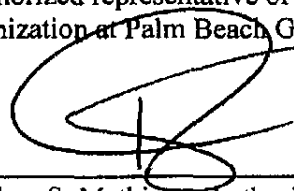
ARTICLE VI
Managers

The name and address of the initial Manager of the Company is:

Michael Reed
 600 Heritage Drive
 Suite 110
 Jupiter, Florida 33458

He shall serve until his replacement is duly appointed by the Members of the Company

IN WITNESS WHEREOF, the undersigned authorized representative of the sole initial Member has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida on the 4th day of January, 2011.

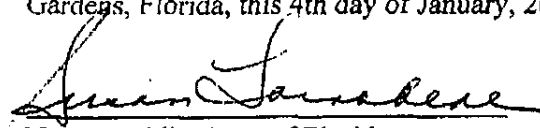

 Stephen S. Mathison, Authorized
 Representative

STATE OF FLORIDA

COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Stephen S. Mathison, as the duly authorized representative of the sole initial Member, ☒ to me well known, or ☐ identified to me by _____, to be the individual described in and who has executed the foregoing Articles of Organization, and he acknowledged before me that he executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal at Palm Beach Gardens, Florida, this 4th day of January, 2011.


 Notary Public, State of Florida

Notary's Printed Name:

My commission expires: 11/9/2012

My commission number: DD 835724



(NOTARY SEAL)

(((H11000004851 3)))

((H11000004851 3)))

PALM BEACH SPINE & ORTHOPAEDIC INSTITUTE, LLC
ARTICLES OF ORGANIZATION
PAGE 3 OF 3

ACKNOWLEDGMENT OF REGISTERED AGENT

I having been named to accept service of process for the above stated limited liability company, at the place designated in these Articles, I hereby accept being named to act in this capacity, state that I am familiar with the provisions of Chapter 608, Fla. Stat. relative to service as a Registered Agent, accept the obligations thereof and agree to comply therewith.

Stephen S. Mathison, P.A., Registered Agent

By: 

Stephen S. Mathison, President

z:\docs\LLCArticlesOfOrg.PBSpine&OrthoInst

FILED
11 JAN -6 AM 8:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

((H11000004851 3)))