

# L11000101888

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((F11000219580 3)))



F110002195803ABC.

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 : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP - 6 AM 8:46

FILED

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

Email Address: jdevesa.dc@gmail.com

FLORIDA LIMITED LIABILITY CO.  
Brevard Spine Center LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
11 SEP - 6 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

SEP - 7 2011

EXAMINER

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H11000219580

ARTICLE I - Name

The name of the Limited Liability Company is: **Brevard Spine Center 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:

1424 Palm Place Drive NE

1424 Palm Place Drive NE

Palm Bay, FL 32905

Palm Bay, FL 32905

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Jose A. Devesa

Name

1424 Palm Place Drive NE

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Palm Bay, FL 32905

(City / State / Zip)

2011 SEP - 6 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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 - Jose A. Devesa

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

H11000219580

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jose A. Devesa - 1424 Palm Place Drive NE, Palm Bay, FL 32905

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Jose A. Devesa

Typed or printed name of signee

FILED  
SEP - 6 AM 8 46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA