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EXAMINER



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SECRETARY OF STATE



To: Division of Corporations

From: Larry Monteith

Re; Extremity Solutions LLC

Larry Monteith 18956 SE Coral reef Lane Jupiter, Fl 33458

561.310.4794

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Extremity Solutions LL				
Name of Limited Lia	ability Company			
The enclosed Articles of Organization and fee(s) are submi	itted for filing.			
Please return all correspondence concerning this matter to	the following:			
Lorny Montoith				
Larry Monteith	e of Person			
Firm	/Company			
19056 S.E. Corol Boof La	uno.			
18956 S.E. Coral Reef Lane				
Jupiter Florida 33458				
City/State and Zip Code monteith59@gmail.com				
E-mail address: (to be used for futu	ure annual report notification)			
For further information concerning this matter, please call:				
Larry Monteith	561 310-4794			
Name of Person at (Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}	155.00 Filing Fee & Status & 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 Liabili	ity Company is:	
Extremity Solution	ns LLC	
(Must end with the w	vords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	, ,,
18956 S.E. Coral Reef Lane Jupiter, FI 33458		
	gent, Registered Office, & Registered Agentry as its own Registered Agent. You must designate an instration.)	
The name and the Florida street	address of the registered agent are:	A ==
Larry Mo	nteith	II. DEC 12 SECKETAN)
	Name	12 ASSI
18956	S.E. Coral Reef Lane	me ≥ m
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
Jupiter	_{FL} 33458	STATE FLORID

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	LARRY MONTEITH 18956 SE CORAL REEF LANE JUPITER, AL 33458
(Use attachment if necessary)	
TCLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) the specific and cannot be more than five business days p
Fand	
Signature of a men	nber or an authorized representative of a member.
constitutes an affirmation un I am aware that any false inf	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
Larry Monte	ith

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)

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Typed or printed name of signee