112000044180

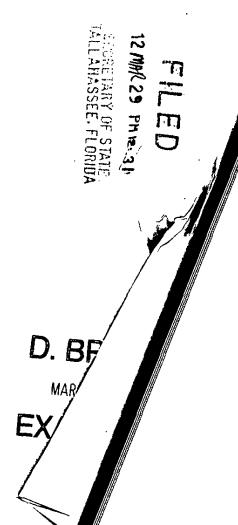
(Re	equestor's Name)	
(ive	Adestor s Marrie,	
(Ad	ldress)	
`	ŕ	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		.

Office Use Only



500225132745

03/29/12--01013--01/ **125.00



COVER LETTER

TO:

Registration Section

Division of Corporat	ions			
SUBJECT: H5 Orthop	edics, LLC			
SCENECT.		ed Liability Company		
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing.	·	
Please return all correspondence	e concerning this mat	ter to the following:		
Heather Clay				
	•	Name of Person		
H5 Orthopedi	cs, LLC			
		Firm/Company		
2029 Bedford	Drive			
		Address		
Palm Beach Ga				寸
	Cit	y/State and Zip Code	A HA	えこ
h5p5@aol.com	ail address: (to be used f	for future annual report notification)		
For further information concern		•	OF SI	
Edward A. Zuraw, Jr.		at (561) 272-7317	TATE ORIDA	<u> </u>
Name of Person	n	Area Code & Daytime Telep	shone Number	
Enclosed is a check for the fo	ollowing amount:			
	.00 Filing Fee & tificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	s &
Regi	ing Address stration Section sion of Corporations	Street/Courier Address Registration Section Division of Corporations		

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability C	Company is:
H5 Orthopedics, LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address	Mailing Address

	Tributing Tributing Control
2029 Bedford Drive	2029 Bedford Drive
Palm Beach Gardens, FL 33403	Palm Beach Gardens, FL 33403

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:

ARTICLE I - Name:

Heather Clay
Name

2029 Bedford Drive

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33403

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..

(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:

"MGRM" = Managing Members	CI.
MGRM	Heather Clay
	2029 Bedford Drive
	Palm Beach Gardens, FL 33403
	
·-·	
	-
(Use attachment if necessary)	
•	
	han the date of filing: (OPTIONAL)
fective date is listed, the date a days after the date of filing.)	must be specific and cannot be more than five business day
days after the date of hing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	member or an authorized representative of a member: ction 608.408(3), Florida Statutes, the execution of this documents are the penalties of periury that the facts stated herein are form

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)

Heather L. Clay
Typed or printed hame of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)