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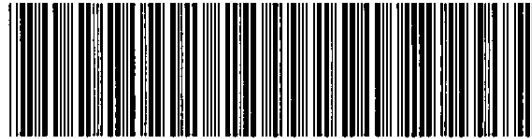
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(Business Entity Name)

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 28 2013

T. HAMPTON

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Accendo Surgical, 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:

Renee Traynor

Name of Person

Pennington, P.A.

Firm/Company

215 South Monroe Street, 2nd Floor

Address

Tallahassee FL 32301

City/State and Zip Code

whugh@penningtonlaw.com, renee@penningtonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Traynor

Name of Person

at ( 850 ) 222-3533

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**

**OF**

**Accendo Surgical, LLC**

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**2013 OCT 25 AM 10:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Accendo Surgical, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in

Florida for the Company is 421 Lacy Woods Court, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: David Hill, and the initial registered office is located at 421 Lacy Woods Court, Tallahassee, Florida 32312

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows:

David Hill - provisional patent and related intellectual property rights valued at \$10,000;

Shawn Ramsey - \$9,000 cash

William Roberts - \$6,000 cash

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion,

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bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be manager-managed. The initial manager shall be: David Hill.

10. INDEMNIFICATION.

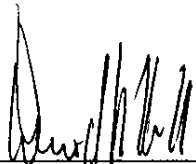
Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

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TALLAHASSEE, FLORIDA

Executed at Tallahassee, **Florida**, on this 18<sup>th</sup> day of  
October, 2013.

  
\_\_\_\_\_  
David Hill  
Managing Member

STATE OF **FLORIDA**

COUNTY OF Leon

The foregoing instrument was acknowledged before me this 18<sup>th</sup>  
day of October, 2013, by David Hill, Managing Member of Accendo  
Surgical, LLC, a Florida limited liability company, on behalf of  
the company. He is personally known to me or has produced  
FL Driver License as identification.

(SEAL)

Rene C. Traynor  
NOTARY PUBLIC - STATE OF FLORIDA

Print, Type or  
Public



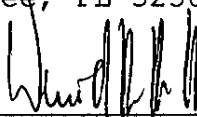
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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

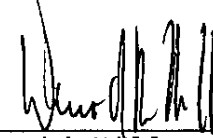
1. The name of the company is: Accendo Surgical, LLC.
2. The name and address of the registered agent and office is:

David Hill  
421 Lacy Woods Court  
Tallahassee, FL 32301

  
\_\_\_\_\_  
By: David Hill  
Managing Member  
Accendo Surgical, LLC

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, DAVID HILL, 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.

SIGNATURE

  
\_\_\_\_\_  
David Hill

DATE

10/18/13  
\_\_\_\_\_

REGISTERED AGENT FILING FEE:

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TALLAHASSEE, FLORIDA

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