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| PICK-UP                                 | ☐ WAIT           | MAIL         |  |  |
| (Bu                                     | siness Entity Na | me)          |  |  |
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PETER J. MUNSON

Attorney

pmunson@clarkcampbell-law.com

February 3, 2014 :

Ms Proudest.

**SHAREHOLDERS** TIMOTHY F. CAMPBELL 1/3 RONALD L. CLARK<sup>1</sup> JOSEPH A. GEARY JOHN J. LANCASTER, LL.M. 2 PETER J. MUNSON MICHAEL E. WORKMAN 1

**ASSOCIATES** JUSTIN P. CALLAHAM, LL.M. IVELISSE DE LA FE KYLE H. JENSEN LAURA L. KELLY 1 MICHAEL J. KINCART RALPH H. SCHOFIELD, JR. WINTON G. WILKS, IV

**BOARD CERTIFICATIONS** 1 Real Estate

2 Tax Law 3 City, County & Local Government Secretary of State Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, Florida 32314

> Re: Vanguard Orthopedic Solutions, LLC

Gentlemen:

Enclosed for filing please find an original and one copy of Articles of Organization. A check in the amount of \$125.00 is also enclosed for filing fees in this regard. It would be appreciated if you would please forward confirmation of filing to our office. A self addressed stamped envelope is enclosed.

Thank you for your assistance with this request.

Sincerely,

Lois A. Hart, Legal Assistant to

Peter J. Munson, Esquire

LAH/s

**Enclosures** 

# **COVER LETTER**

TO:

**Registration Section** 

| Div                                         | vision of Corporations                                                                                  |                                                                                                                                          |                                                                                   |  |  |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|
| SUBJECT:                                    | VANGUARD ORTH                                                                                           | OPEDIC SOLUTIONS, I                                                                                                                      | LLC                                                                               |  |  |
| SOBULCI.                                    | Name of L                                                                                               | imited Liability Company                                                                                                                 |                                                                                   |  |  |
| The enclosed                                | d Articles of Organization and fee(s)                                                                   | are submitted for filing.                                                                                                                |                                                                                   |  |  |
| Please return                               | all correspondence concerning this                                                                      | matter to the following:                                                                                                                 |                                                                                   |  |  |
|                                             | PETER J. MUNS                                                                                           | ON, ESQUIRE                                                                                                                              |                                                                                   |  |  |
| -                                           | Name of Person                                                                                          |                                                                                                                                          |                                                                                   |  |  |
| CLARK CAMPBELL LANCASTER & MUNSON, P.A.     |                                                                                                         |                                                                                                                                          |                                                                                   |  |  |
|                                             |                                                                                                         | Firm/Company                                                                                                                             |                                                                                   |  |  |
| 500 S. FLORIDA AVENUE, SUITE 800            |                                                                                                         |                                                                                                                                          |                                                                                   |  |  |
| Address                                     |                                                                                                         |                                                                                                                                          |                                                                                   |  |  |
| LAKELAND, FL 33801  City/State and Zip Code |                                                                                                         |                                                                                                                                          |                                                                                   |  |  |
| <u> </u>                                    | fatih@oliga.com.tr                                                                                      |                                                                                                                                          |                                                                                   |  |  |
| r. c a ·                                    |                                                                                                         | (to be used for future annual report notifica                                                                                            | ation)                                                                            |  |  |
| _                                           | nformation concerning this matter, pl                                                                   |                                                                                                                                          |                                                                                   |  |  |
| Peter                                       | J. Munson                                                                                               | Area Code Daytime Telephone Nun                                                                                                          | nher                                                                              |  |  |
|                                             | Name of Ferson                                                                                          | And Code Daysine Felephone Num                                                                                                           |                                                                                   |  |  |
| Enclosed is a                               | check for the following amount:  ng Fee \$\int \frac{130.00}{\text{Filing Fec & Certificate of Status}} | Certified Copy Cert (additional copy is enclosed) Cert                                                                                   | 0.00 Filing Fee,<br>tificate of Status &<br>tified Copy<br>onal 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 | 2014 FEB -5 AM D: 5                                                               |  |  |

#### ARTICLES OF ORGANIZATION

**OF** 

## VANGUARD ORTHOPEDIC SOLUTIONS, LLC

The undersigned for the purpose of forming a limited liability company pursuant to Chapter 605, Florida Statutes, hereby make, acknowledge and file the following Articles of Organization.

# <u>ARTICLE I - NAME</u>

The name of the limited liability company shall be VANGUARD ORTHOPEDIC SOLUTIONS, LLC.

## ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business and the address of the Company in Florida shall be 5912 Breckenridge Parkway, Suite F, Tampa, Florida 33610, and its mailing address is the same.

#### ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Fatih Soylemez, at 5912 Breckenridge Parkway, Suite F, Tampa, Florida 33610.

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 605, Florida Statutes.

FATIH SOYLEMEZ, Registered Agent

## ARTICLE IV - MANAGEMENT

The name and address of each person authorized to manage and control the Limited . , Liability Company:

TITLE

NAME AND ADDRESS

"AMBR" = Authorized Member

FATIH SOYLEMEZ 5912 Breckenridge Parkway, Suite F Tampa, Florida 33610

## **ARTICLE V - PURPOSES AND POWERS**

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida in connection therewith. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

#### **ARTICLE VI - ADDITIONAL MEMBERS**

(i) The Members may admit to the Company additional Member(s) to participate in the profits, losses, available cash flow, and ownership of the assets of the Company on such terms as are determined by all of the Members, (ii) admission of any such Additional Member(s) requires the written consent of all Members, and (iii) any Additional Members are allocated gain, loss, income or expense by the method provided in these Regulations, and if no method is specified, then as may be permitted by Section 706(d) of the Code.

## **ARTICLE VII - CONTINUATION OF BUSINESS**

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

# SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FATIH SOYLEMEZ, Authorized Member

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