20001/0003 Page 1 of 1

## 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.

(((H15000200192 3)))



H150002001923ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Ö :		
-	To:	
		Division of Corporations
		Fax Number : (850)617-6381
Qn .		•
***	From:	
		Account Name : FILINGS, INC.
		Account Number : 072720000101
		Phone : (850)385-6735
. 1-		Fax Number : (954)641-4192

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

Email Address:

### FLORIDA LIMITED LIABILITY CO. SURGICAL JET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H15000200192

# ARTICLES OF ORGANIZATION OF Surgical Jet, LLC

#### ARTICLE I - NAME

The name of the Limited Liability Company is Surgical Jet, LLC.

#### ARTICLE II - PRINCIPAL OFFICE

The address of the principal office of this Limited Liability Company is 8551 West Sunrise Boulevard, Suite 102, Plantation, FL 33322, and the mailing address shall be the same.

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Robert M. Herman, P.A. 8551 West Sunrise Boulevard, Suite 102 Plantation, FL 33322

Having been named as registered agent and to accept service of process for the above stated Haited 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 505, F.S.

Registered Agent's Signature

#### ARTICLE IV - MANAGER

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

Title:

Name and Address:

**MGR** 

Frank Garcia 8750 SW 100 Street Miami, FL 33176 H15000200192

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

RODERT M. HERMAN

Typed or printed name of signee

SECHELARY OF STATE