

# L15000190565

**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 205-8842  
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**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
New Regeneration Orthopedics of Florida, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW REGENERATION ORTHOPEDICS OF FLORIDA, PLLC**

**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:

**MICHAEL E. SIEGEL, ESQ.**

**Name of Person**

**SHUTTS & BOWEN, LLP.**

**Firm/Company**

**46 NORTH WASHINGTON BLVD., SUITE 1**

**Address**

**SARASOTA, FL 34236**

**City/State and Zip Code**

**MSIEGEL@SHUTTS.COM**

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

For further information concerning this matter, please call:

**MICHAEL E. SIEGEL**

**941**

**552-3775**

**at**

**Name of Person**

**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**

**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Street Address**

**New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW REGENERATION ORTHOPEDICS OF FLORIDA, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

100 WALLACE AVENUE  
SUITE 380  
SARASOTA, FL 34237

100 WALLACE AVENUE  
SUITE 380  
SARASOTA, FL 34237

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:

LPS CORPORATE SERVICES, INC.

Name

46 NORTH WASHINGTON BLVD., SUITE 1

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

SARASOTA

FL

34236

City

State

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JAMES D. LEIBER, D.O.

100 WALLACE AVENUE, SUITE 380

SARASOTA, FL 34237

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The purpose of the Company shall be to engage in the practice of medicine and to do any and all things necessary, convenient, or incidental to that purpose. The Company shall have the authority to do all things necessary or convenient to accomplish its purpose and operate its business.

**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.

Michael E. Siegel, Authorized Representative

Typed or printed name of signee

**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)