

L16000092517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 MAY 13 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. Gulligan

MAY 16 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DALEY ORTHOPEDIC SOLUTIONS, 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:

JESSE DALEY

Name of Person

DALEY ORTHOPEDIC SOLUTIONS, LLC

Firm/Company

1009 VINTNER BLVD.

Address

PALM BEACH GARDEN, FL 33410

City/State and Zip Code

JESSDALEY.JD@GMAIL.COM

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

For further information concerning this matter, please call:

JESS DALEY

561

252-0244

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2016

JESSE DALEY  
1009 VINTER BLVD.  
PALM BEACH GARDENS, FL 33410

SUBJECT: DALEY ORTHOPEDIC SOLUTIONS, LLC  
Ref. Number: W16000031851

We have received your document for DALEY ORTHOPEDIC SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 216A00008943

RECEIVED  
16 MAY 13 PM 12:29  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DALEY ORTHOPEDIC SOLUTIONS, LLC

(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:

1009 VINTNER BLVD.

PALM BEACH GARDEN, FL 33410

Mailing Address:

1009 VINTNER BLVD.

PALM BEACH GARDEN, FL 33410

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:

JESSE DALEY

Name

1009 VINTNER BLVD.

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

PALM BEACH GARDEN, FL

33410

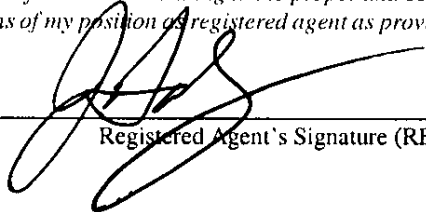
City

State

Zip

16 MAY 13 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

MGR

**Name and Address:**

JESSE DALEY

1009 VINTNER BLVD.

PALM BEACH GARDEN, FL 33410

(Use attachment if necessary)

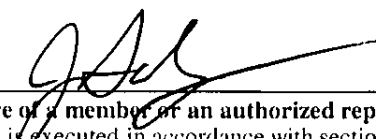
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**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.

JESSE DALEY

Typed or printed name of signee

16 MAY 13 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)