

05/28/2016 10:30

052014

LAZARUS

617/8

L16000121493

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.

(((H16000156077 3)))



H160001560773ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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.
IMET SURGICAL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
16 JUN 28 PM 2:02
STATE OF FLORIDA
DIVISION OF CORPORATIONS

J. Lopez
6/28/16



June 28, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: IMET SURGICAL, LLC
REF: W16000045601

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

FAX Aud. #: H16000156077
Letter Number: 716A00013524

FILED
16 JUN 28 PM 2:02
TALLAHASSEE, FLORIDA

H16000156077

6-27-16

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of IMET SURGICAL, INC. of Doc #
P14000081270 are the same owners of the attached articles of
 incorporation. Thank
 you for your help in this matter.

Very Sincerely,

GREGORY LUFF

FILED
 16 JUN 28 PM 2:02
 STATE OF FLORIDA
 DEPARTMENT OF STATE

H16000156077

H16000156077

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

IMET SURGICAL, LLC

FILED
JUN 28 PM 2:02
STATE OF FLORIDA
TALLAHASSEE

ARTICLE II – Address:

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

Principal Office Address:

Mailing Address:

12480 NW 33rd Street
Sunrise, FL 33323

12480 NW 33rd Street
Sunrise, FL 33323

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Gregory Luff

12480 NW 33rd Street
Sunrise, FL 33323

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

H16000156077

H16000156077

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

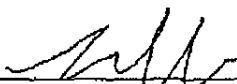
MGR

GREGORY LUFF

MGR

ADRIANO BRAGANCA

REQUIRED 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.)

Gregory Luff

Typed or printed name of signee

FILED
16 JUN 28 PM 2:02

H16000156077