

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

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Account Name : BAKER & HOSTETLER LLP
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**FLORIDA LIMITED LIABILITY CO.
Villalobos Spine & Brain Consulting, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAKER & HOSTETLER LLP

*Please
See
Attached...*

SUBJECT: VILLALOBOS SPINE & BRAIN CONSULTING, LLC
REF: W17000044208

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.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H17000140422
Letter Number: 617A00010437

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **VILLALOBOS SPINE & BRAIN CONSULTING, LLC**

ARTICLE II - Address:

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

801 N. Orange Avenue, Suite 720
Orlando, FL 32801-5202

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

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

David L. Schick, Esq.
Name

SunTrust Center, Suite 2300
200 South Orange Avenue
Florida street address (P.O. Box **NOT** acceptable)

Orlando, Florida 32801
City, State, and Zip

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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.

David L. Schick
Registered Agent's Signature: David L. Schick, Esq.

Article IV - Management:

The Company shall be manager-managed and the name and address of the initial manager of the Company is:

Hunaldo J. Villalobos, M.D.
801 N. Orange Avenue, Suite 720
Orlando, FL 32801-5202

Dated this 16 day of May, 2017.

By: Hunaldo J. Villalobos, M.D., Member

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

(In accordance with section 608.438(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)