

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000116059  
FILED 8:00 AM  
May 25, 2017  
Sec. Of State  
lyarbrough

**Article I**

The name of the Limited Liability Company is:

MENDEL NEUROSURGERY, LLC

**Article II**

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

801 N. ORANGE AVE  
STE 530  
ORLANDO, FL. 32801

The mailing address of the Limited Liability Company is:

668 N. ORLANDO AVE  
STE 1005  
MAITLAND, FL. 32751

**Article III**

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

MATT MENDEL  
1512 WEST COLONIAL DRIVE  
ORLANDO, FL. 32804

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.

Registered Agent Signature: MATT MENDEL

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
BRIAN D BURNS  
668 N ORLANDO AVE STE 1005  
MAITLAND, FL. 32751

Title: MGR  
RICHARD C MENDEL MD  
668 N ORLANDO AVE STE 1005  
MAITLAND, FL. 32751

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### **Article V**

The effective date for this Limited Liability Company shall be:

05/24/2017

Signature of member or an authorized representative

Electronic Signature: BRIAN BURNS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.