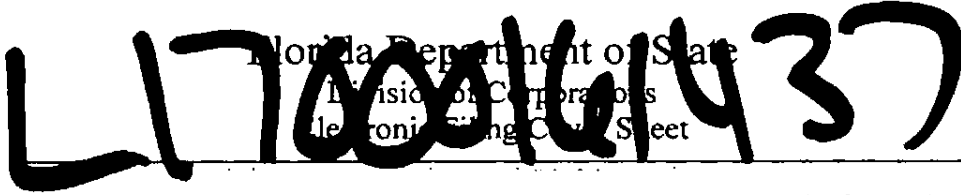


Division of Corporations

Page 1 of 2



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.

(((H17000196344 3)))



H170001963443ABC2

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 : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUL 27 AM 10:11

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

jrgottlieb@gmail.com

FLORIDA LIMITED LIABILITY CO.  
MINIMALLY INVASIVE SPINE CENTER OF SOUTH  
FLORIDA, LL

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JUL 28 2017

C Kinsey

RECEIVED  
17 JUL 27 PM 3:52  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**ARTICLES OF ORGANIZATION  
OF  
MINIMALLY INVASIVE SPINE CENTER OF SOUTH FLORIDA, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Minimally Invasive Spine Center of South Florida, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless, sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 6141 Sunset Drive, Suite 102, Miami, Florida 33143.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 East Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33301.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager and the name and address of the initial manager who is to serve as manager is:


Jonathan Gottlieb  
6141 Sunset Drive, Suite 102  
Miami, Florida 33143

2017 JUL 27 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The manager of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be *elected by the members*, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned has executed these Articles the 27<sup>th</sup> day of July, 2017.



Ellen Gilmore, Esq.  
Authorized Representative of Member

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:


Minimally Invasive Spine Center of South Florida, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")  
200 East Broward Blvd., Suite 1800  
Fort Lauderdale, Florida 33301

By:   
Ellen Gilmore, Esq., For the Firm

*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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.*

  
Ellen Gilmore, Esq., For the Firm (Signature)

July 27, 2017  
(Date)