# Electronic Articles of Organization For Florida Limited Liability Company

L17000183355 FILED 8:00 AM August 28, 2017 Sec. Of State kpcardwell

# **Article I**

The name of the Limited Liability Company is: MOBILE SPINAL SOLUTIONS, LLC

#### **Article II**

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

11441 BEACON DRIVE JACKSONVILLE, FL. US 32225

The mailing address of the Limited Liability Company is:

11441 BEACON DRIVE JACKSONVILLE, FL. US 32225

## **Article III**

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

WILLIAM R WOLFSON 11441 BEACON DRIVE JACKSONVILLE, FL. 32225

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: WILLIAM ROBERT WOLFSON

# **Article IV**

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

Title: MGR

WILLIAM R WOLFSON 11441 BEACON DRIVE

JACKSONVILLE, FL. 32225 US

Title: AP

JULIA H WOLFSON 11441 BEACON DRIVE

JACKSONVILLE, FL. 32225 US

Signature of member or an authorized representative

Electronic Signature: WILLIAM ROBERT WOLFSON

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.

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