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STATE OF FLORIDA
TALLAHASSEE

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

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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

Email Address: eeabel@slk-law.com

**FLORIDA LIMITED LIABILITY CO.
Wound Healing Institute of Ripley LLC**

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**ARTICLES OF ORGANIZATION
FOR
WOUND HEALING INSTITUTE OF RIPLEY LLC**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is **WOUND HEALING INSTITUTE OF RIPLEY LLC**.

ARTICLE II – Address:

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

6919 N Dale Mabry Hwy
Suite 250
Tampa, FL, 33614

ARTICLE III – Managers:

The Company will be manager-managed.

ARTICLE IV – Indemnification:

The Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV will not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, as a matter of law, under the regulations of the Company, by agreement or otherwise.

ARTICLE V – ADMISSION OF MEMBERS

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the consent of all the Members as provided in Section 605.0401(3)(c) or as provided in Section 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

ARTICLE VI – TRANSFER OF INTEREST IN COMPANY

No transfer of a Transferable Interest in the Company is permitted or valid except in

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accordance with the restrictions, if any, on transfer contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

ARTICLE VII - Registered Agent and Registered Address

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

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 17th day of November, 2017.



Signature of an authorized representative of a member.

(In accordance with Section 605.0202(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes)

Erin Smith Aebel

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **WOUND HEALING INSTITUTE OF RIPLEY LLC.**
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.
 Shumaker, Loop & Kendrick, LLP
 101 East Kennedy Boulevard
 Suite 2800
 Tampa, Florida 33602

Having been named as registered agent and to accept service of process for the above stated professional 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.



Erin Smith Aebel, Esq.
 Registered Agent

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 TALLAHASSEE FLORIDA

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