12/21/2017



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.

(((H170003352003)))



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	Division of Cor Fax Number	: (850)617-6381
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA00000023
	Phone	: (512)418-6949
	Fax Number	: (954)208-0845
		s for this business entity to be used for future ngs. Enter only one email address please.**

 FLORIDA LIMITED LIABILITY CO.

 Joint Replacement CIN of Orlando, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$125.00

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COVER LETTER

	w Filing Section vision of Corporations
SUDIECT.	Joint Replacement CIN of Orlando, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
h	eadie@episodesolutions.com
For further in	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:
_	at ():
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Rox 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Joint Replacement CIN of Orlando, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1301 Riverplace Blvd. Suite 800	102 Woodmont Blvd, Suite 350
Jacksonville, FL 32207	Nashville TN 37205

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System		
	Name	
1200 South Pine Isla	and Road	
Florida street addres	s (P.O. Box NOT acc	cptable)
Plantation,	Florida	33324
City	State	Zip

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..

	CT Corporation System
By:	in the
	Registered Agent's Signature (REQUIRED)

(CONTINUED)

Alfred Younan Assistant Secretary

ARTICLE IV-	
The name and address of each person authorized to manage and control the Limited Liability	y Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Joint Replacement CIN of Orlando MSO, LLC
	1301 Riverplace Blvd. Suite 800
	Jacksonville, FL 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: V Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony us provided for in s.817.155, F.S. Hutton Eadle Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)