

L18000216476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

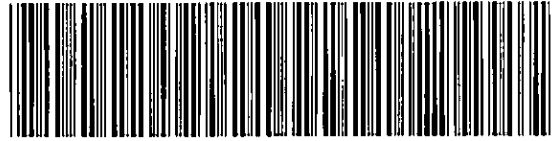
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/06/18--01001--006 \*\*125.00

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10 SEP -5 PM 10:40

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18 SEP -5 AM 9:27  
SECONDARY STATE  
TALLAHASSEE, FLORIDA

SEP 06 2018

T SCHROEDER

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Riban Medical Technology, LLC

Signature \_\_\_\_\_

Requested by: Seth

09/05/18

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_ Cert. Copy \_\_\_\_\_

\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**OF**  
**RIBAN MEDICAL TECHNOLOGY, LLC**

Pursuant to the Florida Limited Liability Company Act, Chapter 605, Florida Statutes (2011), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I: NAME**

The name of this limited liability company (the "Company") shall be RIBAN MEDIAL TECHNOLOGY, LLC.

**ARTICLE II: ADDRESS**

The mailing address and the street address of the principal office of this company shall be 230 Canal Boulevard, Suite 4, Ponte Vedra Beach, Florida, 32082.

**ARTICLE III: REGISTERED AGENT**

The initial registered office of this company shall be 230 Canal Blvd., Suite 4, Ponte Vedra, FL 32082, and its initial registered agent at such office shall be Adrian H. Faulkner.

**ARTICLE IV: MANAGEMENT OF THE COMPANY**

This company will be a manager-managed company managed by one of its members in accordance with and subject to the requirements of the Act and the operating agreement of this Company.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned, being a Manager of this company, has executed these Articles of Organization on behalf of this company in accordance with §605.407(4) of the Act.

Dated: September 5, 2018

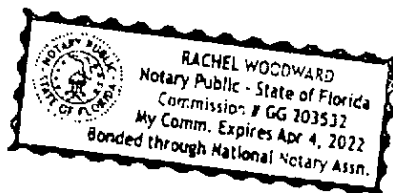
RIBAN MEDIAL TECHNOLOGY, LLC,  
a Florida limited liability company

By: [Signature]  
Adrian H. Faulkner, Manager

STATE OF FLORIDA  
COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority, personally appeared Adrian H. Faulkner, as a Manager of RIBAN MEDIAL TECHNOLOGY, LLC, a Florida limited liability company, personally known to me and who executed the foregoing Articles of Organization and acknowledged to me that he executed said Articles freely and voluntarily and for the purposes expressed therein.

WITNESS my hand and seal this 5 day of September, 2018.



[Signature]  
NOTARY PUBLIC

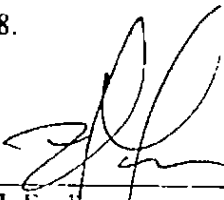
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**CERTIFICATE DESIGNATING REGISTERED OFFICE AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Chapter 605, Florida Statutes (2011), as amended from time to time (the "Act"), the following is submitted:

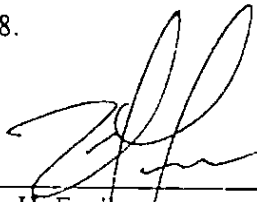
RJBAN MEDIAL TECHNOLOGY, LLC., desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Adrian H. Faulkner, as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 230 Canal Blvd., Suite 4, Ponte Vedra Beach, FL 32082.

DATED this 5 day of September, 2018.

  
\_\_\_\_\_  
Adrian H. Faulkner

Having been named to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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 company in complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 5 day of September, 2018.

  
\_\_\_\_\_  
Adrian H. Faulkner

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TALLAHASSEE, FLORIDA