

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000076887

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.

((H19000098764 3)))



H190000987643ABC8

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 : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MDWORTHOPEDICS, LLC**

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

FILED
2019 MAR 25 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 26 2019

K Brumpley

H19000098764 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2019 MAR 25 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:
MDWORTHOPEDICS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
7885 SADDLEBROOK DRIVE
PORT SAINT LUCIE, FLORIDA 34986

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:
MICHAEL WATSON, MD
7885 SADDLEBROOK DRIVE
PORT SAINT LUCIE, FLORIDA 34986

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.

X /s/ Michael Watson, MD
MICHAEL WATSON, MD / Registered Agent's signature

H19000098764 3

H19000098764 3

PAGE 2 MDWORTHOPEDICS, LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
MICHAEL WATSON, MD
7885 SADDLEBROOK DRIVE
PORT SAINT LUCIE, FLORIDA 34986

.....
X /s/ Michael Watson, MD
MICHAEL WATSON, MD / Authorized Representative's signature

(In accordance with section 605.0203 (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 for in s.817.155, F.S.)

H19000098764 3