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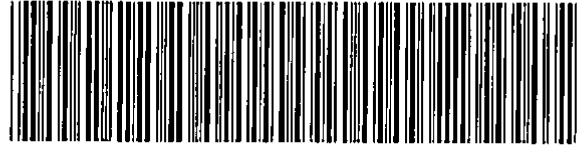
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19 AUG 16 PM 12:52

# CAPITAL CONNECTION, INC.

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

Sarasota Laser and Spine Center, LLC

☐ 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 \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: SETH

08/16/19

Name

Date

Time

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Will Pick Up

# **ARTICLES OF ORGANIZATION FOR**

## **Sarasota Laser and Spine Center, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

### **ARTICLE I: NAME**

The name of the company is **Sarasota Laser and Spine Center, LLC**

### **ARTICLE II: PRINCIPAL OFFICE**

The principal office of the company is **5500 Military Trail, Jupiter, FL 33458**

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JUPITER, FLORIDA

## **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Neal Lichtblau, Esq.,  
600 Northlake Blvd, North Palm Beach, FL 33408**

## **ARTICLE IV: AUTHORIZED MEMBERS**

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

**Pasquale X. Montesano, MD, Authorized Member, President, 5500 Military Trail, Jupiter,  
FL 33458**

**The undersigned has executed these Articles of Organization for filing purposes this 16th  
day of August 2019.**

**/S/ Pasquale X. Montesano**

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**Authorized Representative**

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **Sarasota Laser and Spine Center, LLC**
2. The name and street address of the registered agent and office is:

Neal Lichtblau, Esq.  
600 Northlake Blvd  
North Palm Beach, FL 33408

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Neal Lichtblau, Esq

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Neal Lichtblau, Esq

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JANICE L. BROWN