

L19000240707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

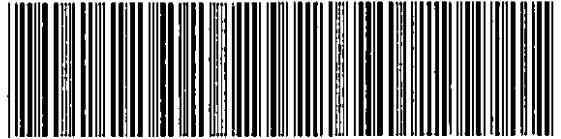
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600333787576

10/04/19--01021--002 \*\*125.00

2019 OCT -4 PM 12:19

FILED  
2019 OCT -4 PM 2:19  
SECRETARY OF TREASURY  
TALLAHASSEE, FLORIDA

F 07 2019

trumpaley

## CAPITAL CONNECTION, INC.

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

Reynolds Surgical Innovations, LLC

2019 OCT -4 PM 12:03

Signature \_\_\_\_\_

Requested by: Seth

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  
REYNOLDS SURGICAL INNOVATIONS, LLC  
(a Florida Limited Liability Company)

The undersigned executes these Articles of Organization to form a limited liability company under the laws of the State of Florida, and declares that the following articles shall serve as the charter and authority for the conduct of business of the limited liability company.

ARTICLE I.  
NAME

The name of the limited liability company is REYNOLDS SURGICAL INNOVATIONS, LLC.

ARTICLE II.  
ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

**Principal Office Address:**

5903 60<sup>th</sup> Place East  
Palmetto, FL 34221

**Mailing Address:**

5903 60<sup>th</sup> Place East  
Palmetto, FL 34221

ARTICLE III.  
REGISTERED AGENT, REGISTERED OFFICE,  
REGISTERED AGENT'S SIGNATURE

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

Ann L. Reynolds  
5903 60<sup>th</sup> Place East  
Palmetto, FL 34221

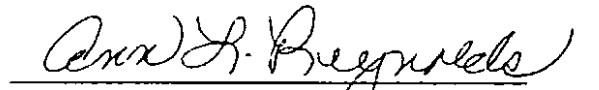
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and*

2019 OCT -4 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*accept the obligations of my position as registered agent as provided for in chapter 605, Florida Statutes.*

  
Registered Agent Signature

  
ANN L. REYNOLDS, Authorized  
Representative and Member  
(in accordance with Chapter 605, Florida Statutes, the execution of  
this document constitutes an affirmation under the penalties of  
perjury that the facts stated herein are true)