

L20000117759

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.**  
**ENCORE MEDICAL RESEARCH OF WESTON LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 MAY -4 AM 8:05

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Encore Medical Research of Weston 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:**2771 Executive Park Drive, Suite 5Weston FL 33331**Mailing Address:**2771 Executive Park Drive, Suite 5Weston FL 33331**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:

Miguel Acosta

Name

2771 Executive Park Drive, Suite 5Florida street address (P.O. Box **NOT** acceptable)WestonFL33331

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.*


  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 2020 MAY -4 AM 8:06  
 CLERK OF DISTRICT COURT  
 STATE OF FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

Advance Research Tech LLC

2771 Executive Park Drive, Suite 5

Weston FL 33331

MGR \_\_\_\_\_

Encore Medical Research LLC

2771 Executive Park Drive, Suite 5

Weston FL 33331

(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:**

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 as provided for in s.817.155, F.S.

Yonixanded Martinez

Typed or printed name of signee