

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) ~~647-6301~~ 245-6804 (per FDOS)

From:

Account Name : REZLEGAL, LLC

Account Number : I20140000033

Phone : (904)685-9321

Fax Number : (904)567-1066

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

Email Address: Steveb@jaxspine.com

FLORIDA LIMITED LIABILITY CO.

Viper Max, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Lsk
5/19/2020

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MAY 18 2020 5:59 AM

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TO: Florida Department of State **From:** Rick Reznicek
Fax: 850-245-6004 ⁸⁵⁰⁻ 617-6381 **Fax:** 904-567-1066
Phone: **Pages:** 5
Re: Viper Max, LLC, **Date:** May 18, 2020

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: Please file the following Articles of Organization and send a confirmation once filed please. Thank you.

*If this has already been received, please disregard.
We have been having fax problems.*

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**ARTICLES OF ORGANIZATION
OF
VIPER MAX, LLC**

Pursuant to § 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, 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 the limited liability company is Viper Max, LLC (the "Company").

**ARTICLE II
EFFECTIVE DATE AND DURATION**

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III
ADDRESS**

The mailing address of the Company shall be 10475 Centurion Parkway North, Suite 201, Jacksonville, Florida 32256, and the physical address of the principal office of the Company shall be 10475 Centurion Parkway North, Suite 201, Jacksonville, Florida 32256.

**ARTICLE IV
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 4029 Atlantic Boulevard, Jacksonville, Florida 32207, and its initial registered agent at such office shall be Mark R. Patrick, CPA.

**ARTICLE V
MANAGEMENT OF THE COMPANY**

The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The names and street addresses of the initial managers of the Company are:

Christopher Roberts, M.D.
10475 Centurion Parkway North
Suite 201
Jacksonville, Florida 32256

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John E. Carey, M.D.
10475 Centurion Parkway North
Suite 201
Jacksonville, Florida 32256


Claudio E. Vincenty, M.D.
10475 Centurion Parkway North
Suite 201
Jacksonville, Florida 32256

Michael Hanes, M.D.
10475 Centurion Parkway North
Suite 201
Jacksonville, Florida 32256

Hares Akbary, M.D.
10475 Centurion Parkway North
Suite 201
Jacksonville, Florida 32256

IN WITNESS WHEREOF, the undersigned Manager of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated: 5/7/20

By: 
Christopher Roberts, M.D.

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TALLAHASSEE, FLORIDA

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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, as amended from time to time (the "Act"), the following is submitted:

Viper Max, 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 Mark Patrick as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 4029 Atlantic Boulevard, Jacksonville, Florida 32207.

Dated: 5/7/20

Viper Max, LLC

By: 

Christopher Roberts, M.D.

Having been named as registered agent 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: 5/7/2020

By: 

Mark R. Patrick, CPA, Registered Agent

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TALLAHASSEE, FLORIDA

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