

L20000234243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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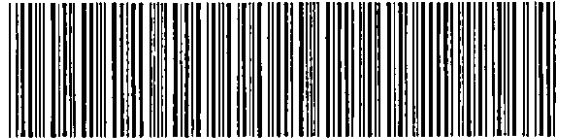
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
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1. **ORLANDO LEG PAIN & WOUND CARE, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
OF
ORLANDO LEG PAIN & WOUND CARE, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is ORLANDO LEG PAIN & WOUND CARE, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 11616 Lake Underhill Rd Ste 215, Orlando, FL 32825.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 11616 Lake Underhill Rd Ste 215, Orlando, FL 32825 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Vineel Sompalli (MGR).

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Orlando Heart & Vascular Center, LLC (AMBR)
11616 Lake Underhill Rd Ste 215
Orlando, FL 32825

SIXTH: The Limited Liability Company is to be managed by the Manager.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on August 5, 2020.

X 
Dr. Vineel Sompalli (MGR)

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**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for ORLANDO LEG PAIN & WOUND CARE, LLC hereby voluntarily consent to serve as Registered Agent for ORLANDO LEG PAIN & WOUND CARE, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: August 5, 2020

X 
Dr. Vineel Sompalli (MGR)