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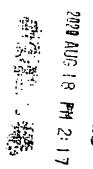
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATES
TALLAHASSEE, FL

AUG 1 1

# CAPITAL CONNECTION, INC.

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

INEUGENIX LLC	<u> </u>
	LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File
	LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File
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	Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File
	L.C. File  Fictitious Name File  Trade/Service Mark  Merger File
	Fictitious Name File  Trade/Service Mark  Merger File
	Trade/Service Mark  Merger File
	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
gnature	Fictitious Owner Search
	Vehicle Search
	Driving Record
equested by: Seth	UCC 1 or 3 File
ame Date Time	UCC 11 Search
Date Time	UCC 11 Retrieval
alk-In Will Pick Up	Courier

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## **COVER LETTER**

TO:	New Filing Sec Division of Cor				
SUBJE	SPINEUG	ENIX LLC			
SOBJE		Name of L	imited Liabil	ity Company	
The enc	losed Articles of	Organization and fee(s) a	are submitted	for filing.	
Please re	eturn all correspo	ondence concerning this n	natter to the f	following:	
	DIEGO E C	ORDOVA			
			Name of	Person	
	DE CORDO	VA & CO			
			Firm/Co	mpany	
	7300 NORT	H KENDALL DRIVE, S	UITE 201		
			Addr	ess	
	MIAMI, FLO	ORIDA 33156			
	DIEGO@DE		City/State an	d Zip Code	
	I	E-mail address: (to be use	d for future a	innual report notificati	ion)
For furthe	r information co	ncerning this matter, plea	se call:		
	DIEGO E CO	ORDOVA	305	925-0131	
	Nam			Daytime Telephon	e Number
Enclosed	d is a check for t	he following amount:			
<b>≣\$</b> 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 AUG 18 AM 9: 59

SECRETARY OF STATE TALLAHASSEE, FL

SPINEU	JGENI.	ΧI	LL	С
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(Must conatin 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:

<u>Princ</u>	<u>ipal Office Address:</u>	Office Address: Mailing A		
7429 MONTE VE SARASOTA, FL 3		<u>SA</u>	ME AS PRINCIPAL OFFICE	
ARTICLE III - Registered A (The Limited Liability Compa- another business entity with an The name and the Florida street	ny cannot serve as its owr n active Florida registratio	n Registered Agent. on.)	nt's Signature: You must designate an individual or	
	DIEGO E CORDOV	/A		
		Name		
		300 NORTH KENDALL DRIVE, SUITE 201 Florida street address (P.O. Box <u>NOT</u> acceptable)		
	riorida street addres	35 (P.O. BOX <u>MOT</u> :	acceptable)	
	MIAMI	FL	33156	

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..

Disgo Cordova

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR — Manager	EUGENE PEREIRA 7429 MONTE VERDE SARASOTA, FL 34238
	SECRETAINT ALLAHAI
	AM 9: 59  GF STATE  SEE, FL
(Use attachment if necessary)	
the effective date is listed, the date must be date of filing.)  (e: If the date inserted in this block does not document's effective date on the Department.)	specific and cannot be more than five business days prior to or 90 days after our meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Disgo Cor	dova
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
DIEGO E CO	R DOV 4

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)