

2022/04/05 15:01:19 3 /7

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
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COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.  
NSK ORTHOPAEDIC CONSULTANTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

69

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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**ARTICLES OF ORGANIZATION  
OF  
NSK ORTHOPAEDIC CONSULTANTS, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**NSK ORTHOPAEDIC CONSULTANTS, LLC**

**ARTICLE II – Address:**

The mailing address and the principal address of the Limited Liability Company are:

4205 W. Woodmere Road  
Tampa, FL 33609

**ARTICLE III – Management:**

The Limited Liability Company is to be manager-managed by one or more managers as elected and provided for in the Operating Agreement of the Limited Liability Company. The initial Manager is Neil S. Kumar, with an address of 4205 W. Woodmere Road, Tampa, Florida 33609.

**ARTICLE IV – Indemnification:**

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

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NOTARIAL PUBLIC  
JENNIFER L. GORDON, Esq.  
10000 N. 30th Ave., Suite 100  
Tampa, FL 33613  
(813) 988-0000

#### ARTICLE V – Admission of Members

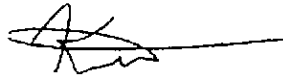
No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the consent of the Members as provided in Section 605.0401(3) (c) or as provided in Section 605.0701(3) and in the manner set forth in the Operating Agreement of the Limited Liability Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

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CLERK OF DISTRICT COURT  
JULIA A. HARRIS  
CLERK OF DISTRICT COURT

### **ARTICLE VI – Transfer of Interest in Company**

No transfer of an Interest in the Limited Liability Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Limited Liability Company, as amended at the effective time of the transfer.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized member and acknowledged them to be my act this \_\_\_\_4th\_\_\_\_ day of April 2022.



**Signature of an authorized Member or authorized representative.**

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes.)

Neil S. Kumar

**Typed or printed name of signee**

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ED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **NSK ORTHOPAEDIC CONSULTANTS, LLC.**

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

Ronald A. Christaldi  
c/o Shumaker, Loop and Kendrick, LLP  
101 East Kennedy Boulevard,  
Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Signature

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