# L72000325600

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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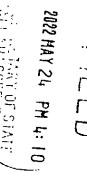


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## CAPITAL CONNECTION, INC.

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

<del></del>	<del></del>	
INSTITUTE FOR A	DVANCED SURGERY	
TRIANING LLC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy Photo Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	<del></del>	Fictitious Owner Search
		Vehicle Search
	<del></del>	Driving Record
Requested by: SETH	05/19/22	UCC 1 or 3 File
Name	05/18/22 Date Time	UCC 11 Search
INGILIC	Date THIIC	UCC 11 Retrieval
Walk-In Thomselve GA AT	Will Pick Up	Courier

### COVER LETTER

	Sew Filing Sec Division of Co							
SUBJECT		r Advanced Surg	ery Traii	ning LLC				
300,000	· ·	Ne	me of L	imited Liabi	lity Company		_	
The enclose	sed Articles of	Organization and	l fee(s) a	re submitte	I for filing.			
Please reti	ırn all correspo	ondence concerni	ng this n	natter to the	following:			
	EMANUEL	LE OLIVEIRA						
				Name o	f Person			
	OPTION ON	NE ACCOUNTIN	NG INC					
				Firm/C	ompany			
	6810 N STA	TE RD 7						
	_			Add	ress			_
	COCONUT	CREEK, FL 330	73				<u>2</u> :	202
	EMANUELL	E@OPTFIRM.C		City/State a	nd Zip Code	<u> </u>		2022 HAY 24 PM 4: 10
	i	i-mail address: ()	o be use	d for future	annual report notificat	on)	00.2 £1.1	<sup>‡</sup> 2
For further	information co	ncerning this ma	ter, plea	se call:				PM
	EMANUELI	JE.	at (	561	299.7414			<u>+:</u>
	Nam	e of Person	`	Area Code	Daytime Telephon	e Number	7.	0
Enclosed i	s a check for t	he following amo	ount:					
		_	ng Fee &	Certif	55.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Certificat Certified ( (additional c	e of Status Copy	: &:
	New F Divisio	og Address iling Section on of Corporation ox 6327	18		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	issee		

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Institute for Advance	ed Surgery Training LLC			
	ain the words "Limited Liabi	lity Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
1400 N Fodoral Una	Suite 1	4400	N Federal Hwy Suite 1	
4400 N redefal nwy	4400 N Federal Hwy Suite 1 Boca Raton, FL 33431		Boca Raton, FL 33431	
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	ent, Registered Office, & Registered Stannot serve as its own Registrive Florida registration.)	egistered Agen stered Agent. \		
Boca Raton, FL 334:  ARTICLE III - Registered Ag	ent, Registered Office, & Registered Strong Registrive Florida registration.) address of the registered agen	egistered Agen (stered Agent, Y	it's Signature:	
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & Registered Stannot serve as its own Registrive Florida registration.)	egistered Agen (stered Agent, Y nt are:	it's Signature:	
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & Registered Office, & Registered Serve as its own Registrive Florida registration.) address of the registered ages	egistered Agen (stered Agent, Y nt are:	it's Signature:	
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & Registered Office, & Registered Office, & Registered as its own Registration.) address of the registered ages OPTION ONE ACCOUN	egistered Agent Stered Agent. Yes are: TING INC me	at's Signature: You must designate an individual	
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & Registered Office, & Registered Office, & Registered as its own Registerive Florida registration.) address of the registered ages OPTION ONE ACCOUN Na 6810 N STATE RD 7	egistered Agent Stered Agent. Yes are: TING INC me	at's Signature: You must designate an individual	

the 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., 2022 MAY 24 PM 4: 10

/S/ EMANUELLE OLIVEIRA Registered Agent's Signature (REQUIRED) (CONTINUED)

### ARTICLE IV-

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

Title:		Name and Address:			
	Authorized Member				
"MGR" = M	anager				
<u>AMBR</u>		GABRIEL BALDASSERINI GUIMARAES	<u></u>		
		4400 N Federal Hwy Suite 1 Boca Raton, FL 33431		—	
		Poca Raton, 112 35451	· <del></del>		
MGR		ANDRE LUIZ DO NASCIMENTO			
		4400 N Federal Hwy Suite 1 Boca Raton, FL 33431			
	*				
		·			
		<del></del>			
(Use attachir	ent if necessary)				
he document's effect	ive date on the Departn	not meet the applicable statutory filing requirements, nent of State's records.	this date will	not be	listed as
RTICLE VI: Other p	provisions, if any.				_
DEOLUBER	CICY (TUDE.				<del>-</del> -
KEOUKEL	SIGNATURE:				
	/S/ GA	BRIEL BALDASSERINI GUIMARAES	<u> </u>	202	
		a member or an authorized representative of a me		~3	
	This document is ex	xecuted in accordance with section 605,0203 (1) (b), 1	Florida <mark>Státut</mark> e	es 🗲	
	I am aware that any	false information submitted in a document to the Dep	artment of Sta	ate S	
	constitutes a third do	egree felony as provided for in s.817.155, F.S.	설존	-	1
	CARRIEL B	BALDASSERINI GUIMARAES	ن ۳	-47	17
	OZOKILI, D	Typed or printed name of signee	——;¬;;	⊐×č	, ·
		t y product frames as angular	, E E	<del></del>	C
		Filing Fees:	VGISOT,	PM 4: 10	
\$125.00 Fil	ling Fee for Articles of	f Organization and Designation of Registered Ager	nt 🗮	0	
	ertified Copy (Optiona				
\$ 5.00 Ce	ertificate of Status (Op	otional)			