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FLORIDA LIMITED LIABILITY CO.
HNSS HISPANIC NEURO SPINE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2022 SEP 27 PM 12:17

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:
HNSS HISPANIC NEURO SPINE SOLUTIONS LLC.

ARTICLE II

The mailing address and street of the principal office of the Limited Liability Company is:
PRINCIPAL OFFICE ADDRESS:
1216 STERLING PINE PL
LOXAHATCHEE, FL 33470

MAILING ADDRESS:
1216 STERLING PINE PL
LOXAHATCHEE, FL 33470

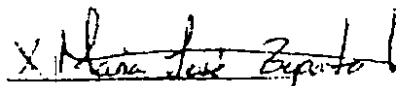
ARTICLE III

The purpose for which this Limited Liability Company is organized is:
BOARD NEURO SPINE PAIN GENERAL MANAGEMENT SERVICES.

ARTICLE IV

The name and Florida street address of the Registered Agent is:
MARIA JOSE ZAPATA
1216 STERLING PINE PL
LOXAHATCHEE, FL 33470

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.



Registered Agent's Signature (REQUIRED)

9/20/2022
Date

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ARTICLE V

The name and address of managing members/managers are:

TITLE: MGR

RAMON FRANCISCO PINTO FUENTES, 50.00% SHARES OF STOCKS.

1216 STERLING PINE PL

LOXAHATCHEE, FL 33470

TITLE: MGR

MARIA JOSE ZAPATA, 50.00% SHARES OF STOCKS.

1216 STERLING PINE PL

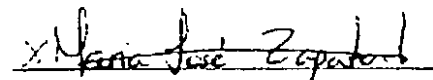
LOXAHATCHEE, FL 33470

ARTICLE VI

The effective date for this Limited Liability Company shall be:

SEPTEMBER 26, 2022

Signature of member or an authorized representative of a member:



MARIA JOSE ZAPATA

Manager Member's Signature

9/20/2022
Date

22 SEP 27 PM 12:35
TALLAHASSEE, FL 32304