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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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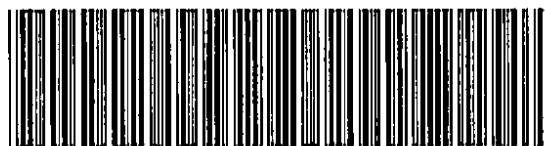
(Business Entity Name)

(Document Number)

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BY APPOINTMENT:

7 N. ORANGE AVENUE, SUITE 500
ORLANDO, FLORIDA 32801
TELEPHONE: (407) 331-6620
TELEFAX: (407) 331-3030

BY APPOINTMENT:

201 E. GOVERNMENT STREET
PENSACOLA, FLORIDA 32502
TELEPHONE: (850) 439-1001
TELEFAX: (407) 331-3030



THE HEALTH LAW FIRM®

"REPRESENTING HEALTHCARE PROVIDERS"

RESPOND ONLY TO MAIN OFFICE:
1101 DOUGLAS AVENUE, SUITE 1000
ALTAMONTE SPRINGS, FLORIDA 32714
TELEPHONE: (407) 331-6620
TOLL FREE: (888) 331-6620
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BOARD CERTIFIED BY THE FLORIDA
BAR IN HEALTH LAW

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CAROLE C. SCHRIEFER, J.D.
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LANCE O. LEIDER, J.D., LL.M.
FLORIDA

AMANDA I. FORBES, J.D.
FLORIDA

AKIFA R. KHATTAK, J.D.
FLORIDA

November 11, 2022

VIA PRIORITY MAIL

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Stroke and Spine Neuroscience, LLC
SUBMISSION OF ARTICLES OF ORGANIZATION

Dear Madame or Sir:

Please see the attached Articles of Organization for filing.

Should you have any questions or need any additional information, you can reach me at the above-listed number. If I am not immediately available, you may speak with my paralegal, Amanda Porro.

Thank you for your assistance with this matter.

THE HEALTH LAW FIRM, P.A., by:


LANCE O. LEIDER, J.D., LL.M.

encls: (1) Articles of Amendment
(2) Check # 33304 in the amount of \$160.00

L01/ap
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stroke and Spine Neuroscience, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerard Deib, M.D.

Name of Person

Firm/Company

5224 W. State Road 46, #406

Address

Sanford, Florida 32771

City/State and Zip Code

gerarddeib@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerard Deib at (443) 787-2642
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stroke and Spine Neuroscience, LLC

(Must contain 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:

Principal Office Address:

1401 W. Seminole Blvd.

Sanford, Florida 32771

Mailing Address:

5224 W. State Road 46, #406

Sanford, Florida 32771

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation

Name

1200 S. Pine Island Rd. #250

Florida street address (P.O. Box NOT acceptable)

Plantation

Florida

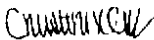
33324

City

State

Zip

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.



Christine Kaim
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL 99907

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Gerard Deib, M.D.
5224 W. State Road 46, #406
Sanford, Florida 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (b) (b), Florida Statute.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in § 817.155(4)(F).

Gerard Deib, M.D.

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
FLORIDA

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