

1/30/23, 10:17 AM

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.
OSSWF TRAUMA, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
OSSWF TRAUMA, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be OSSWF Trauma, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

2531 CLEVELAND AVE, SUITE 1
FORT MYERS, FL 33901

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

Address

Justin Blohm

2531 Cleveland Ave, Suite 1
Fort Myers, FL 33901

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager"), and therefore, is a manager-managed limited liability company. The following are the names and addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

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Name

Address

Patrick Leach

1606 Ardmore Rd
Fort Myers, FL 33901

Jeff Engorn

1223 Twin Palm Dr.
Fort Myers, FL 33919

Jonathan Anthony

1576 Woodward Ct.
Fort Myers, FL 33919

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 30th day of January 2023.



Patrick Leach,
Authorized Representative

23 JAN 30 17:16:35

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN
THE STATE OF FLORIDA,

1. The name of the limited liability company is: OSSWF Trauma, LLC.
2. The name and address of the registered agent and office are:

Justin Blohm
2531 Cleveland Ave., Suite 1
Fort Myers, FL 33901

Having been named as registered agent and to accept service of process for the above stated professional 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, Florida Statutes.


Justin Blohm, Registered Agent

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