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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085

Phone

: (561)626-4742

Fax Number

: (561)626-4742

Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.

babka@ comitersinger. Com

FLORIDA LIMITED LIABILITY CO.

Palm Beach Joint Replacement, LLC

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\$155.00

T. MATTHEWS SEP 20 2023

Corporate Filing Mcnu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN | L E D

ARTICLE	Ī	-	N	1	m	ie:	

The name of the Limited Liability Company is:

: 2023 SEP 19 PM 4: 31

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24 TV T	\cup :	SIMIL

PALM BEACH JOINT REPLACEMENT, 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:	Majone Aduress:
17581 SE CONCH BAR AVENUE	Same
TEQUESTA, FL 33469	

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:

Comiter, Singer, Basem	<u>an & Braun, LLF</u>)
<u> </u>	iame	
3825 PGA Boulevard, S	Suite 701	
Florida street address (P.O. Box <u>NOT</u> a	cceptable)
Palm Beach Gardens.	FL	33410
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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
•	VINCENT A. FOWBLE
MGR .	17581 SE CONCH BAR AVENUE
	TEOUESTA, FL 33469
(Use attachment if necessary)	
`	
E V: Effective date, if other than	the date of filing: (OPTIONAL)
ective date is listed, the date mu	st be specific and cannot be more than five business days prior to or 90 da
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· - · - ·	ics not meet the applicable statutory filing requirements, this date will not be
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the date inscribed in this block doment's effective date on the Department of the De	artment of State's records.

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 s.817.155, F.S.

MICHAEL S. SINGER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)