

624000131633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

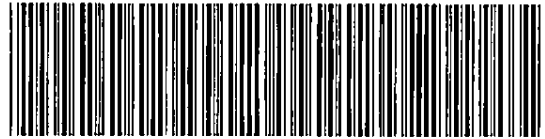
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAR 21 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 MAR 21 PM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FL

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 03/21/2024

**\*\*WALK IN\*\***

ENTITY NAME Innovation Medical LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

FILED  
MAR 21 11:04  
TALLAHASSEE, FL

FILED

TOTAL OWED \$125

ACCOUNT #: 120160000072

*E R JH*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF ORGANIZATION  
OF  
INNOVATION MEDICAL LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, pursuant to Chapter 605 of the Florida Statutes, hereby makes, acknowledges and files the following Articles of Organization (the "Articles").

**ARTICLE I. NAME**

The name of the limited liability company is Innovation Medical LLC (the "Company").

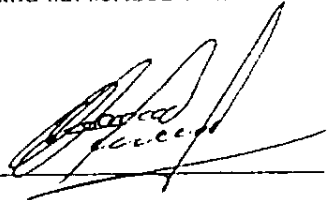
**ARTICLE II. MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company shall be 9299 SW 152<sup>nd</sup> Street, Suite 205, Miami, 33157.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The name of the initial registered agent and the street address of the registered office of the Company in the State of Florida is NRAI Services, Inc., 1200 South Pine Island Road, Broward County, Plantation, Florida 33324, who upon accepting this designation agrees to comply with the provisions of Chapter 605, Florida Statutes as amended from time to time, with respect to keeping an office open for service of process.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Organization effective as of March 21, 2024.

  
\_\_\_\_\_  
Omar Orama  
Authorized Representative

FILED  
2024 MAR 21 11:04  
CLERK OF DISTRICT COURT  
N. D. FLORIDA  
MIAMI

## ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent as provided for in Chapter 605, F.S.

Dated: March 21, 2024.

### Registered Agent:

NRAI Services, Inc.

By: Natalie Leiba-Paul

Name: Natalie Leiba-Paul

Title: Assistant Secretary

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NOTARY PUBLIC STATE OF FLORIDA