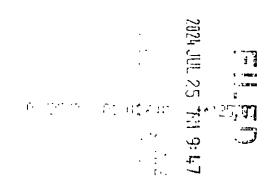
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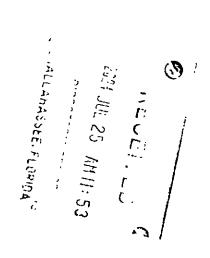
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Special Instructions to	Filing Officer:

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#### ARTICLES OF ORGANIZATION FOR SPINE LABS IP, LLC

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

#### ARTICLE I — NAME:

The name of the Limited Liability Company shall be: Spine Labs IP, LLC (the "Company").

#### **ARTICLE II — ADDRESS:**

The mailing address and street address of the principal office of the Company shall be in follows:

16013 Bristol Lake Cir Orlando, FL 32828

#### ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is 9100 Conroy Windermere Rd Ste 200 Windermere, FL 34786, and the name of the registered agent at such address is Dickens Wealth Management, LLC.

#### ARTICLE IV - MANAGEMENT:

The Company shall be managed by one or more Managers. The names and addresses of the initial Managers are:

Ivi Bifsha 16013 Bristol Lake Cir Orlando, FL 32828 Jessica Bifsha 16013 Bristol Lake Cir Orlando, FL 32828

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this \_\_24 day of July 2024. In accordance with Section 605.0201 of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Ivi Bifsha, Organizer

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to th	e provisions of Sections 605.0113, Florida Statutes, the undersigned Lim	nea
Liability Company,	organized under the laws of the State of Florida, submits the follow	ving S
statement in designati	ing the registered office/registered agent, in the State of Florida:	905L BH 25
1.	The name of the company is:	ر اد
	Spine Labs IP, LLC	3
2.	The name and address of the registered agent and office is:	ارد ح
	Dickens Wealth Management, LLC 9100 Conroy Windermere Rd Suite 200 Windermere, Florida 34786	_
	(vi Bifsha, Organizer	
	7/24/24 DATE	

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.

DICKENS WEALTH MANAGEMENT, LLC

By:	Chris Dickens		
Print Na Title:		Chris Dickens	
	07-24	-24	
DATE			