

25000024278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

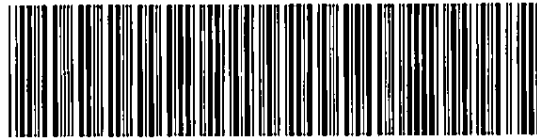
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600441817946

01/16/25-01008-010-125.00
2025 JAN 16 AM 9:47
2025 JAN 16 AM 10:48
FILED
RECEIVED
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 1/16

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

LLC

FILED
2025 JAN 16 AM 9:47
TALLAHASSEE, FL
CLERK OF COURT

1. AFIX MEDICAL LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Afix Medical 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:

2025 JAN 16 AM 9:47
STATE
SECRET
FL

Irina Roth Neumann, Esq.
Name of Person

Roth Private Advising Law
Firm/Company

1000 Brickell Ave., Suite 1100
Address

Miami, FL 33131
City/State and Zip Code

irina@rothpalaw.com
E-mail address: (to be used for future annual report notification)

FILED

For further information concerning this matter, please call:

Irina Roth Neumann, Esq. 305 798-8878

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Afix Medical 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:

Mailing Address:

c/o Roth Private Advising Law
1000 Brickell Ave., Suite 1100
Miami, FL, 33131

c/o Roth Private Advising Law
1000 Brickell Ave., Suite 1100
Miami, FL, 33131

2025 JAN 16 AM 9:47
FILED
CLERK OF COURT
MIAMI, FL

FILED

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.)

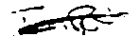
The name and the Florida street address of the registered agent are:

ROTH PRIVATE ADVISING LAW
Name

1000 Brickell Ave., Suite 1100
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33131
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Irina Roth Neumann
c/o Roth Private Advising Law
1000 Brickell Ave., Suite 1100, Miami, FL, 33131

(Use attachment if necessary)

2025 JAN 15 AM 9:47
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED

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:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Irina Roth Neumann

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)