

L96000001026

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 SEP 30 PM 3:49

FILED

RECEIVED

96 SEP 30 PM 3:25

DIVISION OF CORPORATIONS

SUBJECT

CERILLA SURGICAL, L.C.

(Proposed limited liability company name - must include suffix)

000001961790

-10/01/96--01170--015

****293.75 ****293.75

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00
Filing Fee
& Registered
Agent designation

☒ \$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

☐ \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM:

MICHAEL HARRISON

Name (Printed or typed)

2008 WEST RANDOLPH CIRCLE

Address

Tallahassee, FL 32312

City, State & Zip

(904) 386-8335

Daytime telephone number

Call
when
Ready

NOTE: Please provide the original and one copy of the articles.

SEP 30 1996

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CERILLA SURGICAL, L.C.

ARTICLE II - Address:

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

**2008 West Randolph Circle
Tallahassee, Florida 32312**

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager and the names and addresses of such managers who are to serve as managers are:

**John Michael Harrison
2008 West Randolph Circle
Tallahassee, Florida 32312**

**Christina Noel Harrison
2008 West Randolph Circle
Tallahassee, Florida 32312**

ARTICLE V - Member Rights to Continue Business:

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be:

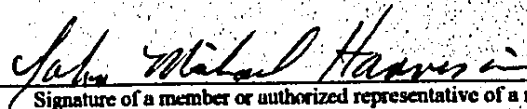
**THE REMAINING MEMBER MAY CONTINUE THE BUSINESS OF THE
LIMITED LIABILITY COMPANY AND SELECT A MEMBER OR MEMBERS TO
PARTICIPATE IN THE LIMITED LIABILITY COMPANY PURSUANT TO A
METHOD OF THEIR CHOOSING NOT IN VIOLATION OF CHAPTER 608 OR
ANY OTHER PROVISIONS OF THE FLORIDA STATUTES.**

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBER SHIP AND CONTRIBUTIONS

The undersigned member or authorized representative a member of
CERILLA SURGICAL, L.C. deposes and says:

- | | | | |
|----|---|--|--------------------------------------|
| 1) | The above named Limited Liability Company
has at least two members. | | |
| 2) | The total amount of cash contributed by
the members is: | Michael Harrison
Christina Harrison | <u>\$ 250.00</u>
<u>\$ 250.00</u> |
| 3) | If any, the agreed value of property other
than cash contributed by members is:
(a description of the property is attached
and made a part hereto) | Michael Harrison
Christina Harrison | <u>none</u>
<u>none</u> |
| 4) | The amount of cash or property and anticipated
to be contributed by members is: | Michael Harrison
Christina Harrison | <u>\$ 0</u>
<u>\$ 0</u> |
| 5) | The total amount of 2, 3, and 4 is: | | <u>\$500.00</u> |



Signature of a member or authorized representative of a member.
(In accordance with section 608.408 (3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.557, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, 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:

CERILLA SURGICAL, L.C.

2. The name and address of the registered agent and office is:

Michael Harrison
2008 West Randolph Circle
Tallahassee, Florida 32312

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TALLAHASSEE, FLORIDA

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.

Signature

John Michael Harrison

date

9/30/96

196000001026

Requestor's Name
2008 West Randolph Circle
Address
Tallahassee FL 32312 (904) 386-8335
City/State/Zip Phone #

Office Use

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 APR 29 PM 1:53

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CERILLA SURGICAL, L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

dues of
L.L.C.

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☒	Discontinuation/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

C. TAX
FILING
A. AGENT FEE 52.50
B. COPY
TOTAL 52.50
BALANCE DUE
300002171298-1
-05/08/97-01078-021
*****52.50 ***52.50

DIVISION OF CORPORATION
97 APR 29 PM 1:41

Michael Harrison
200H West Randolph Circle
Tallahassee, FL 32312

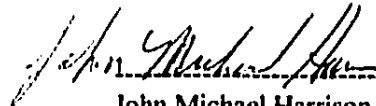
Cerilla Surgical L.C.

CV./Neuro-Ortho/O.R. Specialty Products

Telephone (904)386-8335
Fax (904)385-5807

Articles of Dissolution

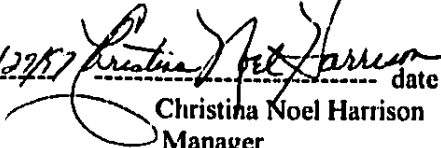
- 1) Name of limited liability company - Cerilla Surgical, L.C.
- 2) Effective date of dissolution- April 29, 1997
- 3) It is the unanimous decision of both parties involved to discontinue this business of the above dissolution date.
- 4) We attest that all debts, obligations, and liabilities of Cerilla Surgical, L.C. have been paid and discharged.
- 5) We attest that all remaining property and assets have been distributed among us in accordance of our respective rights and interests.
- 6) We attest that there are no suits pending against Cerilla Surgical, L.C. in any court.



John Michael Harrison
Manager

date

4/29/97



Christina Noel Harrison
Manager

date

4/29/97

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TALLAHASSEE, FLORIDA