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CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600002826316--2

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\*\*\*\*285.00 \*\*\*\*285.00

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

1. Strategic Orthopedic Systems / Latin America, LLC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time

☐ Mail out ☐ Will wait

☒ Photocopy *Stamped*

☐ Certified Copy

☐ Certificate of Status

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NEW FILINGS

AMENDMENTS

Name	Non Profit
Availability	Limited Liability
Document Examiner	Domestication
Updater	Other
Updater	Other Filings
Verifier	Annual Report
Acknowledgment	Fictitious Name
W. P. Verifier	Name Reservation

Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

STRATEGIC ORTHOPEDIC SYSTEMS/LATIN AMERICA, L.L.C.

## ARTICLE II - Address:

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

5151 Collins Avenue, Penthouse F,  
Miami Beach, Florida 33140

## ARTICLE III - Duration:

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

10 years

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Martin M. Daube

375 Park Avenue, Suite 2805,  
New York, New York 10152

Cary Bunin

375 Park Avenue, Suite 2805,  
New York, New York 10152

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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**ARTICLE VI - Members 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:

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of STRATEGIC ORTHOPEDIC  
SYSTEMS/LATIN AMERICA, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000.00.

  
Signature of a member or an 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.)

Daniel J. Barsky, Authorized Representative  
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

STRATEGIC ORTHOPEDIC SYSTEMS/LATIN AMERICA, L.L.C.

2. The name and the Florida street address of the registered agent are: \_\_\_\_\_

NATIONAL CORPORATE RESEARCH, LTD., INC.

NAME

1406 Hays Street, Suite #2

Florida street address (P. O. Box NOT ACCEPTABLE)


Tallahassee

FL

32301

CITY, STATE AND 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.*



SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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