Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H120001241013)))



	H120001241013A	всм	111 11 11 11
Note: DO NOT	hit the REFRESH/RELOAD b Doing so will generate and		
To: From:	Division of Corporation Fax Number : (850)6 Account Name : STANTO Account Number : 075350 Phone : (407)4 Fax Number : (407)4	17-6383 N AND GASDICK, P.A. 000152 23-5203	2012 HAY 24 AH 8: 42 SECRETARY OF STATE ALLAHASSEE. FLORIDA
	l address for this busine ort mailings. Enter only	<u>-</u>	
Email Addre	ss: Jayesa	-Law. US	<u> </u>
g er a a de la companya de la constante a la consta			
	FLORIDA LIMITED L	IABILITY CO.	_
	Surgical Solutio	ns, LLGouthe Inju	ed
	Certificate of Status	0	
	Certified Copy	0	
į	Page Count	02	
{	Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY EXAMINER MAY 25 2012 From:

(((H12000124101 3)))

ARTICLES OF ORGANIZATION SURGICAL SOLUTIONS FOR THE INJURED, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - NAME

The name of the limited liability company (hereinafter referred to as the "Company") is "Surgical Solutions for the Injured, LLC."

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company are:

390 North Orange Avenue, Suite 260
Orlando, Florida 32801

ARTICLE III - REGISTERED AGENT

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

A. J. Stanton, Jr. 390 North Orange Avenue Suite 260 Orlando, Florida 32801

ARTICLE IV - MANAGEMENT

The Company is to be a manager-managed company.

ARTICLE V - LIMITATION ON AGENCY AUTHORITY OF MEMBERS

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

(((H12000124101 3)))

(((H12000124101 3)))

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 24 day of May, 2012. In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

A. J. Stanton, Jr., Authorized Representative

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

A. J. Stanton, Jr., Registered Agent

FILED BIZMAY24 AM 82 42 ECRETARY OF STATE

(((H12000124101 3)))