
DO NOT WRITE ABOVE THIS LINE: RESERVED FOR ACC USE ONLY.

ARTICLES OF ORGANIZATION

1. ENTITY TYPE: LIMITED LIABILITY COMPANY

2. ENTITY NAME: SYNAPSE SURGICAL, LLC

3. FILE NUMBER: L20612123

4. STATUTORY AGENT NAME AND ADDRESS:

Street Address:

Mailing Address:

KURT SCHROEDER

2450 E RIVER ROAD

TUCSON, AZ 85718

5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

2450 E RIVER ROAD

TUCSON, AZ 85718

6. DURATION: Perpetual

7. MANAGEMENT STRUCTURE: Manager-Managed

The names and addresses of all Managers are:

1 ABHAY AND PRIYA SANAN EXEMPT TRUST

2192 E SENTRY RIDGE COURT

TUCSON, AZ 85718

The names and addresses of all Members are:

1 ABHAY AND PRIYA SANAN EXEMPT TRUST

2192 E SENTRY RIDGE COURT

TUCSON, AZ 85718

3 SPINESCHROEDER LLC

2450 E RIVER ROAD

TUCSON, AZ 85718

2 ROADRUNNER NEURO, LLC

2450 E RIVER ROAD

TUCSON, AZ 85718

4 AXIS NEUROLOGICA, LLC

2450 E RIVER ROAD

TUCSON, AZ 85718

ORGANIZER:

Angela K. Carlson

1/18/2016

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Kurt Schroeder

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Signature

Printed Name

Date

REQUIRED – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)
Expedited processing – not applicable.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.

If you have questions after reading the Instructions, please call: 602-542-3026 or (within Arizona only) 800-345-5819.

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

Return Delivery Option

EXPEDITE

ENTITY NAME: SYNAPSE SURGICAL, LLC

ENTITY ID: L20612123

REQUIRED - RETURN DELIVERY OPTION

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Email: ACARLSON@ALLIANCESURG.COM

☐

Pickup: **Name:**
Phone:

☐

Mail: **Name:** ANGELA K CARLSON
Address: 1901 W.

City:

State: AZ

Zip:

Phone: