


STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION

  
20110823000249320 1/4 \$156.00  
Shelby Cnty Judge of Probate, AL  
08/23/2011 12:13:37 PM FILED/CERT

**PURPOSE:** In order to form a limited liability company (LLC) under Section 10A-1-3.05 and 10A-5-2.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

**INSTRUCTIONS:** Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

(For County Probate Office Use Only)

**The information completing this form must be typed or laser printed.**

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06):

SURGICAL SOLUTION PARTNERS, LLC.

2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-4.02(f)].

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

HAILEY A. JONES, 238 CLAIRMONT ROAD, STERRETT,  
AL 35147

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. Street (**No PO Boxes**) address of principal office of the limited liability company (LLC):

238 CLAIRMONT ROAD, STERRETT, AL 35147

Mailing address of principal office (if different from street address): N/A

4. The name of the Registered Agent: HAILEY A. JONES

Street (**No PO Boxes**) address of Registered Agent (if different from principal office address):

238 CLAIRMONT ROAD, STERRETT, AL 35147

Mailing address of Registered Agent (if different from street address): SAME AS ABOVE

5. Purpose for which the limited liability company formed: CONSULTING SERVICE TO INCLUDE REPAIR AND  
PRODUCT SALES; the purpose includes the transaction of any lawful business for which limited liability companies may be organized in Alabama under Title 10A, Chapter 5 of the Code of Alabama.

6. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

7. The name(s) of the Organizer(s): HAILEY A. JONES

Street (**No PO Boxes**) address of Organizer(s): 238 CLAIRMONT ROAD, STERRETT, AL 35147

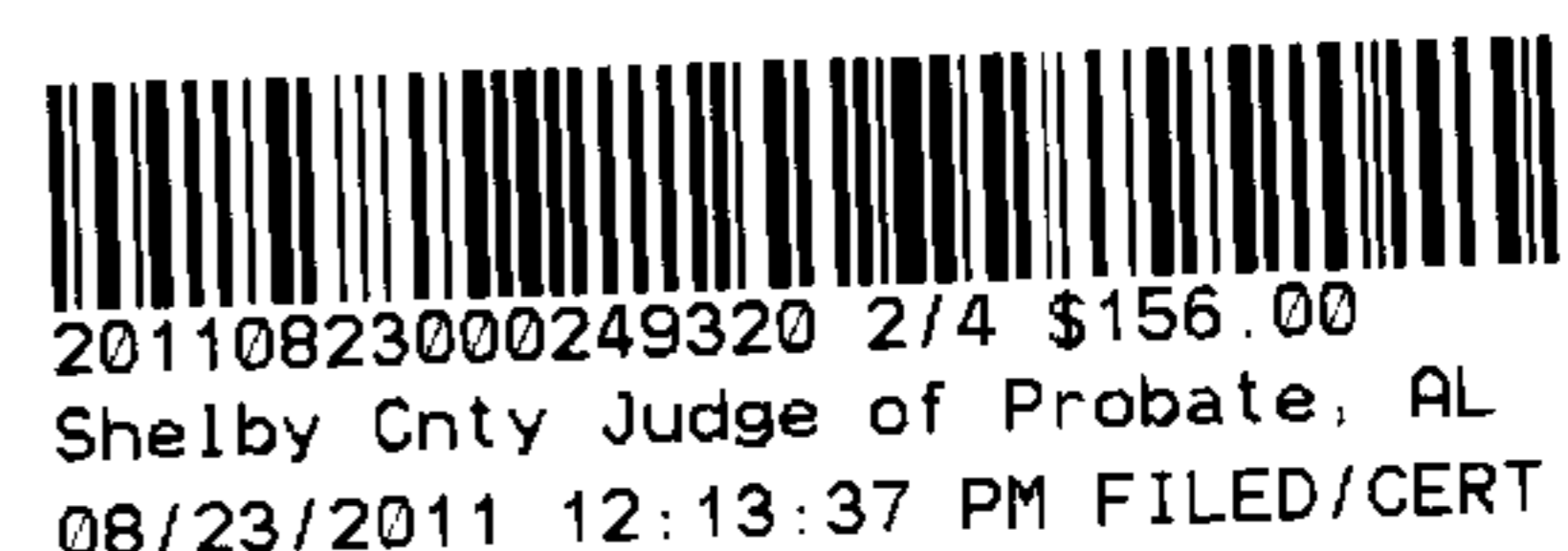
Mailing address of Organizer(s) – (if different from street address): SAME AS ABOVE

**Attach a listing if more Organizers need to be added.**

8. If the limited liability company is to be managed by one or more managers, give the number of managers N/A and the names and mailing addresses of the manager or managers who are to serve as managers until their successors are elected and begin serving:

Manager's Name: N/A

Mailing address of Manager: N/A



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Manager's Name: N/A

**Mailing address of Manager:** N/A

**Attach listing if more Managers need to be added.**

9. The right, if given, of the member or members to admit additional members, and the terms and conditions of the admission are attached.
10. The circumstances, if any, under which the cessation of membership of one or more members will result in dissolution of the limited liability company are attached.
11. The filing of the limited liability company is effective immediately on the date filed by the judge of probate or at the later date specified in this filing (no more than 90 days after date of signing). 10A-1-4.12

The undersigned specify 08 / 23 / 2011 as the effective date (must be later than the date filed in the office of the county judge of probate, but not more than 90 days after the date of signing).



**Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability company.**

5, 10, 2011  
Date (MM/DD/YYYY)

Hailley A. Jones  
Signature as required by 10A-5-2.04

HAILEY A. JONES  
Typed Name of Above Signature

ORGANIZER and MEMBER  
 Typed Title (Member, Organizer or Attorney-in-fact)

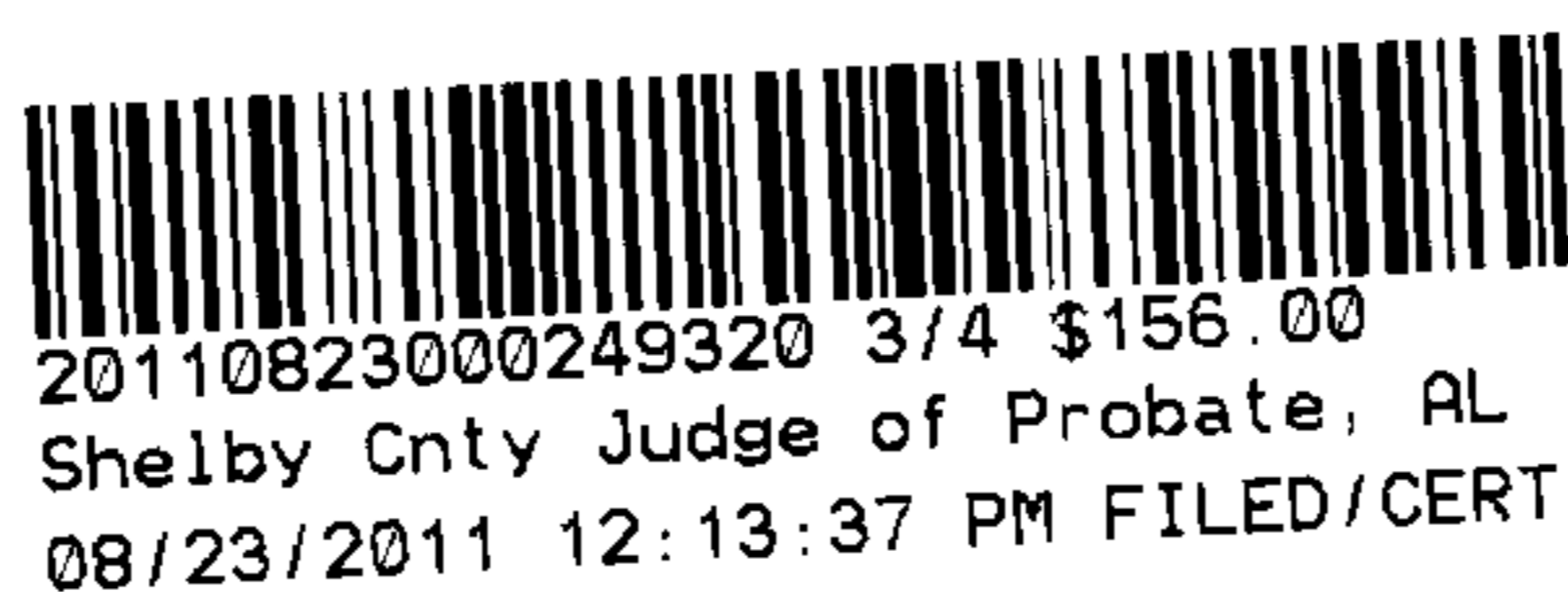
**Additional members may sign (attach listing if necessary).**

Date (MM/DD/YYYY)

Signature as required by 10A-5-2.04

Typed Name of Above Signature

Typed Title (Member)



Beth Chapman  
Secretary of State

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P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

Pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**SURGICAL SOLUTION PARTNERS, LLC.**

This domestic limited liability company name is proposed to be formed in Alabama and is for the exclusive use of HAILEY A. JONES, 238 CLAIRMONT ROAD, STERRETT, AL 35147 for a period of one hundred twenty days beginning July 13, 2011 and expiring November 11, 2011

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 18, 2011

Date

*Beth Chapman*

Beth Chapman

Secretary of State



583-754