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JOHN H. BONK D.P.M.

PHYSICIAN AND SURGEON OF THE FOOT

June 25,2003

TO WHOM IT MAY CONCERN,

PLEASE EXCEPT THIS LETTER OF INTEREST TO JOIN THE FLORIDA LIMITED LIABILITY COMPANY.

JOHN BONK 105 SAW MILL BEND CHARDON, OHIO 44024

(440) 285-2666

THANK YOU,

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: 1966 Cape Corac Pkwy. E., #408, L.L.C
1706 CAPLE COLORE TRUEY. S., 12
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 105 Sawmill Bend
CHARDOW, OH 44024 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
JOHN H. BONK . E. S.
Name Name Name Name Name Name
Florida street address (P.O. Box NOT acceptable)
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 as provided for in Chapter 608, F.S.
Registered Agent's Signature
(An additional article must be added if an effective date is requested)
John Hood
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Topy H. Bonk Typed or printed name of signee
Filing Fees: \$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)