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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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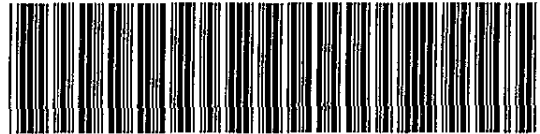
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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just

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Falk Prosthetics & Orthotics, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Falk
(Name of Person)

Falk Prosthetics & Orthotics, Inc
(Firm/Company)

5180 W. Atlantic Ave, Suite 116
(Address)

Delray Beach FL 33484
(City/State and Zip Code)

For further information concerning this matter, please call:

David Falk at (561) 495-5040
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Falk Prosthetics & Orthotics, LLC

ARTICLE II - Address:

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

Principal Office Address:

140 Jupiter Lakes Blvd
Jupiter FL 33458

Mailing Address:

140 Jupiter Lakes Blvd
Jupiter FL 33458

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David Falk
Name
5180 W. Atlantic Ave - Swt
Florida street address (P.O. Box **NOT** acceptable)
Delray Beach FL 33484
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

David Falk
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Falk Prosthetics & Orthotics, Inc
5180 W. Atlantic Ave SW #116
Delray Beach FL 33484

MGRM

Jeffrey Price
12935 Drayton Road
Delray Beach FL 33408

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

David Falk For member, Falk Prosthetic & Orthotics, Inc
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.)

David Falk For member, Falk Prosthetic & Orthotics, Inc
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)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA