

✓
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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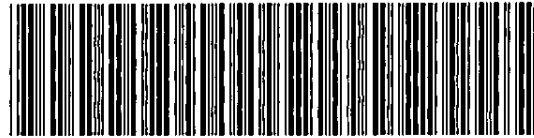
(Business Entity Name)

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DEPARTMENT OF STATE
12 JUN 15 AM 12:30 PM 15 AM 8:54
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 18 2012
EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 06/15/2012

REF. #: 000150.168225

CORP. NAME: ACHILLES FOOT AND ANKLE SPECIALISTS, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 544782 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
ACHILLES FOOT AND ANKLE SPECIALISTS, LLC**

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ARTICLE I - Name

The name of the limited liability company is Achilles Foot and Ankle Specialists, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is c/o Promed, LLC, 1001 Brickell Bay Drive, Suite 2600, Miami, FL 33131.

ARTICLE III- Management

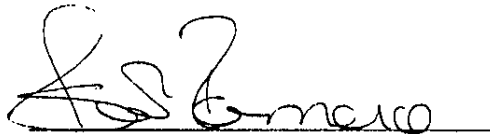
The Company shall be managed by its managers, as set forth in the Company's Operating Agreement, and is therefore a manager-managed company. The Company's initial manager shall be Michael Brown, MD.

ARTICLE IV - Registered Agent and Office

The street address of the Company's initial registered agent and office is 515 East Park Avenue, Tallahassee, FL 32301, and the name of its initial registered agent at such office is NRAI Services, Inc.

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.

Dated this 14th day of June, 2012.

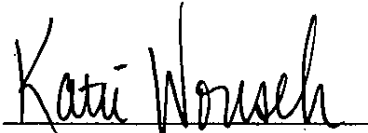


Noemi Romero
Authorized Representative

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for **Achilles Foot and Ankle Specialists, LLC**, at the place designated in these Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 14th day of June 2012.



Name: Katie Wonsch

Title: Assistant Secretary

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TALLAHASSEE, FLORIDA