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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (941) 262-5959
Fax Number : (941) 434-4999

LIMITED LIABILITY COMPANY

Coastal Prosthetics and Orthotics, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION OF
COASTAL PROSTHETICS AND ORTHOTICS, LLC**

The undersigned member hereby certifies that the members have associated themselves together for the purpose of becoming a professional limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be **COASTAL PROSTHETICS AND ORTHOTICS, LLC** (the "Company").

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be c/o Marco T. Calcagno, 2120 Paget Circle, Naples, Florida 34112.

ARTICLE III

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: PETER J. IACONO, c/o Quarles & Brady LLP, 4501 North Tamiami Trail, Suite 300, Naples, Florida 34103.

ARTICLE IV

DURATION

This Company shall exist perpetually unless sooner dissolved in a manner provided by law, as herein set forth or as provided in the Regulations adopted by its members.

ARTICLE V

MANAGEMENT

The Company will be managed by a Managing Member in accordance with the Company's regulations. The name and address of the Managing Member is as follows:

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NAME

Marco T. Calcagno

ADDRESS

2120 Paget Circle
Naples, Florida 34112

ARTICLE VI

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members upon making such contributions as are set out in the Regulations, and otherwise complying with and agreeing to the terms and provisions of the Regulations.

ARTICLE VII

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue.

Executed by the undersigned member at Raleigh, North Carolina, on the 31st day of July, 2002.

Marco T. Calcagno
MARCO T. CALCAGNO

STATE OF NORTH CAROLINA
COUNTY OF Wake

This foregoing instrument was acknowledged before me this 31st day of July, 2002, by MARCO T. CALCAGNO. He ☐ is personally known to me or ☐ has produced NCDL as identification.

NOTARY SEAL

Christopher J. Beave
Notary Public
Print name below: Christopher J Beave
00092005
My commission expires:

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**CERTIFICATE OF DESIGNATION
OF REGISTERED OFFICE AND REGISTERED AGENT**


PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is **COASTAL PROSTHETICS AND ORTHOTICS, LLC.**

The name of the initial registered agent of the limited liability company is **PETER J. IACONO**, and the address of the office of the registered agent is c/o Quarles & Brady LLP, 4501 North Tamiami Trail, Suite 300, Naples, Florida 34103.

REGISTERED AGENT ACCEPTANCE

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 that 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.


Peter J. Iacono, as Registered Agent

Date: July 5th, 2002
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