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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

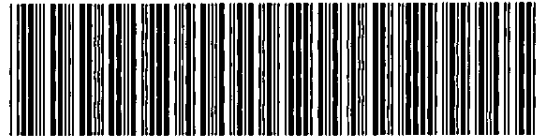
(Business Entity Name)

(Document Number)

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

B. BOSTICK  
JUN 18 2012  
EXAMINER

CORPORATE 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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- |  |   |   |
|--|---|---|
| <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

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12 JUN 15 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**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**

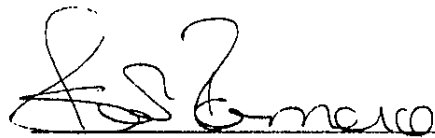
The Company shall be managed by its managers, as set forth in the Company's Operating Agreement, and is therefore a manager-managed company. The Company's initial manager shall be Michael Brown, MD.

**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.

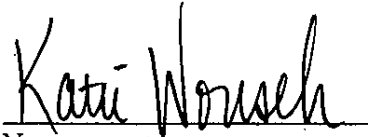
Dated this 14<sup>th</sup> day of June, 2012.

  
\_\_\_\_\_  
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 14<sup>th</sup> day of June 2012.



Name: Katie Wonsch  
Title: Assistant Secretary

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