

L020 000336087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

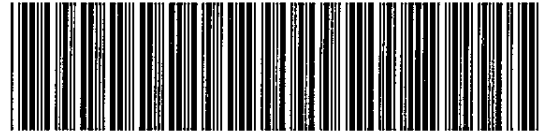
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200009482972

12/16/02--01072--003 \*\*155.00

RECEIVED  
12/16/02 PM 2:49

SB  
12-16-02

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Emerald Coast Orthopaedics  
Associates, LLC

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date

12/16/02

Time

12:10

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ ☒ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ ☒ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

AND  
FILED

CE DEC 16 PM 2:49

**ARTICLES OF ORGANIZATION OF EMERALD COAST ORTHOPAEDICS  
ASSOCIATES, L.L.C.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I - Name:**

The name of the limited liability company is EMERALD COAST ORTHOPAEDICS ASSOCIATES, L.L.C. (the "Company").

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 550 W. Redstone Avenue, Suite 300, Crestview, Florida 32536. The registered office of the Limited Liability Company is 909 Mar Walt Drive, Suite 1014, Fort Walton Beach, Florida 32547.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall commence on the date set forth below (i.e., the date of subscription and acknowledgment of these Articles of Organization) and shall be perpetual unless the Limited Liability Company is terminated as provided in its regulations; provided, however, that the remaining members may continue the existence of the Limited Liability Company as provided in Article VI below and as further provided in its regulations.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are: Alfred Cardet, M.D., 550 W. Redstone Avenue, Suite 300, Crestview, Florida 32536; Christo W. Koulisis, M.D., 550 W. Redstone Avenue, Suite 300, Crestview, Florida 32536; and Leo Chen, M.D., 550 W. Redstone Avenue, Suite 300, Crestview, Florida 32536.

**ARTICLE V - Admission of Additional Members:**

New members of the Limited Liability Company shall be admitted only upon the consent of all the members or otherwise pursuant to the terms and provisions of its regulations.

**ARTICLE VI - Members' Rights to Continue Business**

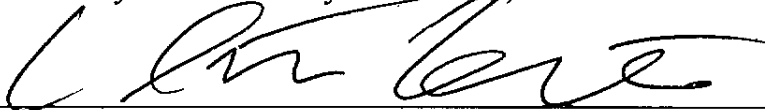
The remaining members of the Limited Liability Company shall have the right, by unanimous consent, pursuant to the terms and provisions of its regulations, to continue the business

02 DEC 16 PM 2:49  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ADD-1  
FILED

of the Limited Liability Company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which otherwise terminates the continued membership of a member in the Limited Liability Company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 16th day of December, 2002.



**William Scott Foster -**

**An authorized representative of a member  
executing the Articles of Organization**

AND  
FILED  
02 DEC 16 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

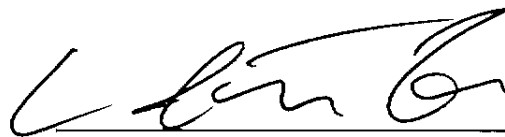
CERTIFICATE DESIGNATING REGISTERED OFFICE OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE AND NAMING REGISTERED  
AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

EMERALD COAST ORTHOPAEDICS ASSOCIATES, L.L.C. (the "Company"), desiring to organize as a limited liability company under the laws of the State of Florida, with its registered office, as indicated in its Articles of Organization, at 909 Mar Walt Drive, Suite 1014, Fort Walton Beach, Florida 32547, has named WILLIAM SCOTT FOSTER, located at 909 Mar Walt Drive, Suite 1014, Fort Walton Beach, Florida 32547, as its agent to accept service of process within this State.

ACKNOWLEDGMENT.

Having been named as registered agent and to accept service of process for the above stated 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.



WILLIAM SCOTT FOSTER  
DATED: 16th day of December, 2002

FILED  
02 DEC 16 PM 12:49  
SECRETARY OF STATE  
ALLIANCE FOR FLORIDA

THIS INSTRUMENT PREPARED BY  
ANCHORS, FOSTER, MCINNIS & KEEFE, P.A.  
909 Mar Walt Drive, Suite 1014  
Fort Walton Beach, FL 32547  
Telephone: 850/863-4064