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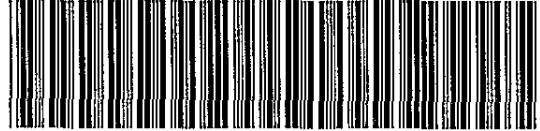
(Business Entity Name)

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**Articles Of Organization  
For  
Florida Limited Liability Company**

**INDIAN RIVER PROSTHETICS & ORTHOTICS, L.L.C.**

**ARTICLE I - Name:**

The name of the Limited Liability Company is INDIAN RIVER PROSTHETICS & ORTHOTICS, L.L.C.

**ARTICLE II - Address:**

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

13825 Us Hwy 1, Suite 1  
Sebastian, Florida 32958

**ARTICLE III - Duration:**

The Limited Liability Company shall dissolve no later than December 31, 2070.

**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:

Nancy Owings  
13825 Us Hwy 1, Suite 1  
Sebastian, Florida 32958

Raymond M Farris  
13825 Us Hwy 1, Suite 1  
Sebastian, Florida 32958

David J. Haile  
13825 Us Hwy 1, Suite 1  
Sebastian, Florida 32958

**ARTICLE V - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.

  
\_\_\_\_\_  
**Nancy Owings, 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.)

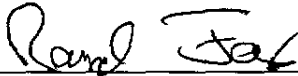
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is INDIAN RIVER PROSTHETICS & ORTHOTICS, L.L.C.
2. The name and the Florida street address of the registered agent is:

Raymond Farris  
13825 Us Hwy 1, Suite 1  
Sebastian, Florida 32958

*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.*



\_\_\_\_\_  
Raymond Farris, Registered Agent

**Filing Fee: \$ 25 for Designation of Registered Agent**