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(Requestor's Name)			
_			
Florida Laycle Sports 909 Central Ave. St. Petersburg, FL 33705 Ph. 727-823-7775 Fax 727-823-7820			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to I	Filing Officer:		





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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA CUST	on orthotics, LLC
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
909 CENTRAL AVE	909 CENTRAL AVE
ST. PETERSBURG, FL	ST. PETERSBURG, FL
33705	33705
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Name Name Name Name Name Name Name Nam	registered agent are:
Florida street address (P	P.O. Box NOT acceptable)
Florida street address (P St. Peters bur City, State	2.0. Box NOT acceptable) VS FLORIDA 33705

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. $\bigcirc_{i=1}^{NOTE}$ REQUIRED SIGNATURE: Signature of a member or an authorized representative of a 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.)

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)