

164000074798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

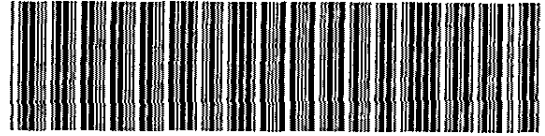
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 14 AM 10:15

FILED

LO4-74798
Q



J B MANAGEMENT, INC.

300 South Duncan Avenue, Suite 275
Clearwater, Florida 33755
(727) 461-7700 • Fax (727) 446-3446
[Http://JBManage.com](http://JBManage.com)

October 13, 2004

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir:

Enclosed are two original Articles of Organization for "ORTHOPEDIC ADVENTURES, LLC,
and a check payable to Florida Department of State in the amount of \$155.00

The check is for the following

Filing Fee for Articles of Organization	\$100.00
Designation of Registered Agent	\$ 25.00
Certified Copy	<u>\$ 30.00</u>
TOTAL	\$155.00

Please call if you have any questions.

Sincerely,


Herb Norbom
CFO

06 OCT 14 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orthopedic Adventures, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Herb Norbom
(Name of Person)

J B Management, Inc.
(Firm/Company)

300 S. Duncan Ave., Suite 275
(Address)

Clearwater, FL 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

Herb Norbom at (727) 461-7700 ext 101
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orthopedic Adventures, LLC

ARTICLE II - Address:

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

Principal Office Address:

300 S. Duncan Ave.

Suite 275

Clearwater, FL 33755

Mailing Address:

300 S. Duncan Ave.

Suite 275

Clearwater, FL 33755

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Cheryl Cornelius

Name

300 S. Duncan Ave., Suite 275

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33755

FL

City, State, and Zip

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 as provided for in Chapter 608, F.S..



Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John P. Barrett, Jr.

300 S. Duncan Ave., Suite 275

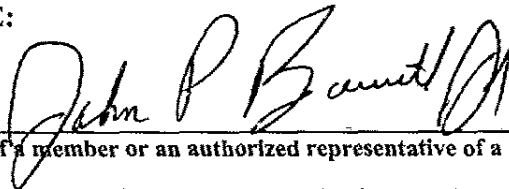
Clearwater, FL 33755

_____	_____
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_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

John P. Barrett, Jr.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 14 AM 10:15

FILED

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)