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A1A CORPORATE SERVICES

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

AL

LIMITED LIABILITY COMPANY

Sports Medicine Institute Of Florida, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY
COMPANY**

In compliance with Chapter 608, F.S.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the Limited Liability Company is:
SPORTS MEDICINE INSTITUTE OF FLORIDA, LLC

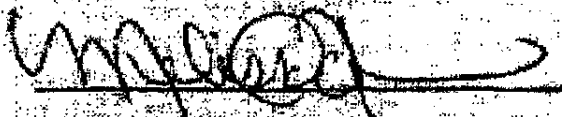
ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:
4450 N.W. 94TH TERRACE
SUNRISE, FLORIDA 33351

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:
MELISSA JOHNSON
4450 N.W. 94TH TERRACE
SUNRISE, FLORIDA 33351

Having been named as registered agent 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.



MELISSA JOHNSON / Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

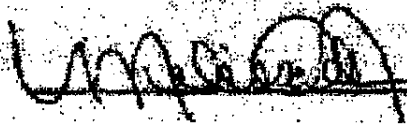
ARTICLE V: MEMBERS (optional)

Managing Member:

MELISSA JOHNSON

4450 N.W. 94TH TERRACE

SUNRISE, FLORIDA 33351



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.)

MELISSA JOHNSON

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