

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H0800000960 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number: 104662003400 : (516)935-3940

: (516)935-3088 Fax Number

 \triangleright

ထ္

ഗ

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MOFO Orthopedics LLC

Ccrtificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

A. LUNT

JAN - 3 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

H08000000960

FLORIDA	LIMITED LIABILITY COMPANY			
ARTICLE I - Name The name of the Limited Liability Company is:	MOFO Orthopedics LLC			
ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
555 NE 15th Street, #32H	555 NE 15th Street, #32H			
Miami, FL 33132	Miami, FL 33132			

ARTICLE III - Registered Agent, Regis The name and Florida street address of the register	tered Office & Registered Agent's Signature	ECRE	
	nr Monfort	ベートン	
	Name	~ >	
555 1	NE 15th Street. #32H	i ö	
	(P.O. Box or Mail Drop Box NOT Acceptable)	2	
MC			

(City / State / 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 - Oscar Monfort

01/02/2008 4:54:09 PM -0500 POWERED BY ORCAFAX

PAGE 3 OF 3

	Manager(s) or Managing Member(s): ss of each Manager or Managing Member is as follows:	H080000)00960
Title: "MGR" = Manager "MGRM" = Managi	Name and Address: ng Member		
MGRM	Oscar Monfort - 555 NE 15th Street, #32H, Miami, FL	33132	
(Use attachment if no	ecessary)	(
REQUIRED SIGN		2000 JAN -2 SECRETARY	
	Signature of a member or authorized representative of a member.	OF S	
	(In accordance with section 608.408(3), Florida Statutes, the execution of document constitutes an affirmation under the penalties of perjury that the stated herein are true.)		
·	Oscar Monfort		
	Typed or printed name of signee		