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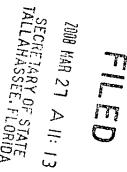
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Prosthetic Partner, LLC, (Name of Limited Liability Company)	
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Elicia Gibson (Name of Person)	
	Prosthetic Partner, LLC.	
	9076 76th Avenue Horth	
	Seminole FL 337 12 2	
	(City/State and Zip Code)	rajea Š
For fur	er information concerning this matter, please call:	222
{{	(Name of Person) at (727) T74-8375 (Area Code & Daytime Telephone Number)	
Enclos	d is a check for the following amount:	
	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Bis 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)})
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar			
The name of the Li	mited Liability Company is:		
(Mt	Prosthetic Prost end with the words "Limited Liabili	artner, LLC. ty Company, "L.L.C.," or "LLC.")	·
ARTICLE II - Ad The mailing addres		ncipal office of the Limited Liab	oility Company is:
Principal Office A	ddress:	Mailing Address:	
9076 76th Seminole,	Avenue North	9076 76th A Seminole, FL	venue Nort 337777
(The Limited Liability Co business entity with an a	ompany cannot serve as its own Registe active Florida registration.)	Office, & Registered Agent's Street Agent. You must designate an individu	
The name and the I	Florida street address of the re	-	CRI TAN
	Elicia Gi	bson	MAR 27 ARETARY AHASSEE
	Name		SER 27
	9010 76th	Avenue North	FLORID,
		ress (P.O. Box <u>NOT</u> acceptable)	
	City, State, a	FL 33777) N
liability compa	ed as registered agent and to a ny at the place designated in th	nccept service of process for the all his certificate, I hereby accept the 1. I further agree to comply with the	appointment as
statutes relating	to the proper and complete per	formance of my duties, and I am j tered agent as provided for in Ch	familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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.)

Elicia Gibson

Typed or printed name of signee

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)