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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: ÉMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305)634-3694 Fax Number (305) 633-9696



ORIDA/FOREIGN LIMITED LIABILITY CO.

academia foot & ankle assocaites llc

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EXAMINER COLD KILL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

ACADEMIA FOOT & ANKLE ASSOCIATES LLC

ARTICLE I

The name of the Limited Liability Company shall be: ACADEMIA FOOT & ANKLE ASSOCIATES LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 301 N.E. 167TH STREET, SUITE 101, NORTH MIAMI BEACH, FL 33162.

ARTICLE IV

The name and the Florida street address of the registered agent: JIM FRANCOIS, 2271 N.W. 171ST TERRACE, PEMBROKE PINES, FL 33028.

ARTICLE V
The name of the Managing Member(s) shall be:

MANAGING MEMBER
JIM FRANCOIS

MANAGING MEMBER BIBLONDE JOSEPH DIVISION OF CORPORATION

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

ACADEMIA FOOT & ANKLE ASSOCIATES LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

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 perjuty that the facts stated herein are true.)

Typed or printed name of signee

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