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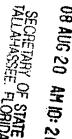
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. THOMAS

AUG 2 1 2008

EXAMINER

COVER LETTER

	on Section f Corporations					
SUBJECT:	Orthopedic Se	ervices, LL	С			
	(Name of Limited	Liability Compa	any)		-	
The enclosed Articl	es of Organization and fee(s) are su	ıbmitted for filin	g.			
Please return all cor	respondence concerning this matter	r to the following	i;			
	Gilbert E	3eauperth	uy			
	(N	lame of Person)				
	Orthopedic		, LLC		<u></u>	
	(F	Firm/Company)				
	351 N.W. LeJe	eune Road (Address)	, Suite 20)5		
	.					
	<u></u>	FL 33126 State and Zip Code				
	ion concerning this matter, please c	eall:		15	SECRETA MUJAHAS	08 AUG 20 AH 10: 26
	Beauperthuy ame of Person)	at ((Area Code)	lephone Number)	SH	0.
Enclosed is a chec	k for the following amount:		_	_	FLORIDA	AH 10: 21
\$125.00 Filing Fe	Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &	₩3
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division B Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Cee, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LEI-	Name:
The nam	e of tl	he Limi

ame of the Limited Liability Company is:

Orthopedic Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

<u> </u>	
351 N.W. LeJeune Road	351 N.W. LeJeune Road
Suite 205	Suite 205
Miami, FL 33126	Miami, FL 33126

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Gilbert Beauperthuv

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

	Name
351	N.W. LeJeune Road, Suite 205
	Florida street address (P.O. Box NOT acceptable
	Miami, F _{Իւ} 33126
	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 (REQUIRED)

20 AM 10:26

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Gilbert Beauperthuy 351 N.W. LeJeune Road, Suite 205 Miami, FL 33126 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days p to or 90 days after the date of filing.) 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

Gilbert Beauperthuy

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)

that the facts stated herein are true.)

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