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Fax Number : (850) 617-6383

From:
Account Name : FLOYD, SAMMONS & SPANJERS, P.A.
Account Number : 076726003533
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Fax Number : (863) 294-0976

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Newbold Prosthetics, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION
OF
NEWBOLD PROSTHETICS, LLC

The undersigned member files these Articles of Organization of a new Limited Liability Company, under the laws of the State of Florida.

ARTICLE I. NAME

The name of this limited liability Company is: **Newbold Prosthetics, LLC**

ARTICLE II. INITIAL PRINCIPAL OFFICE

The street address of the initial principal office of the Company in the State of Florida is 12810 Quail Lake Drive, Clermont, Florida 34711. The mailing address of the initial principal office of the Company in the State of Florida is 12810 Quail Lake Drive, Clermont, FL 34711. The sole Member-Manager may from time to time move the principal office to any other address.

THIS INSTRUMENT PREPARED BY:

Robert O. Sammons
Floyd, Sammons & Spanjers, P.A.
1556 Sixth Street, S.E.
Winter Haven, FL 33880
Florida Bar Number 282952
(863) 293-3801

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ARTICLE III. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the limited liability company in the State of Florida is 1556 Sixth Street SE, Winter Haven, Florida 33880-4509, and the name of the limited liability company's initial registered agent at that address is Robert O. Sammons.

ARTICLE IV. MANAGEMENT

The limited liability company shall be managed by its sole member, Clement Newbold, who shall have the same powers as a president of a Florida corporation.

ARTICLE V EXISTENCE

The limited liability company shall have a perpetual existence, beginning upon the filing of these articles.

ARTICLE VI. PERMANENT MEMBER

The name and address of the sole permanent member of the limited liability company is:

<u>Name</u>	<u>Address</u>
Clement Newold	12810 Quail Lake Drive, Clermont, FL 34711

ARTICLE VII. SIGNING MEMBER

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The name and street address of the Signing Member to these Articles of
Organization is:

Name

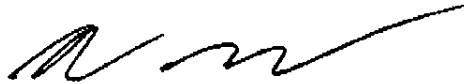
Address

Robert O. Sammons

1556 Sixth Street SE, Winter Haven, FL 33880-4509

All rights and interests of the Signing Member shall terminate no later than
thirty days after the filing of these articles. The powers of the Signing Member are limited to
matters of accomplishing the formation of the limited liability company and obtaining a federal
employer identification number.

Executed this 23 day of October, 2008.



Robert O. Sammons, Signing Member

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TALLAHASSEE, FLORIDA

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

That Newbold Prosthetics, LLC, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of organization, at 12810 Quail Lake Drive, Clermont, FL 34711, has named, Robert O. Sammons, located at 1556 Sixth Street SE, Winter Haven, FL 33880-4509, Polk County, Florida, as its agent to accept service of process within this state.

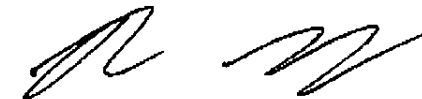

Robert O. Sammons,
Signing Member

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ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated Company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said act relative to keeping open said office. I am familiar with, and accept, the obligations of that position.


Robert O. Sammons
Registered Agent

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