

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000039516  
FILED 8:00 AM  
April 23, 2009  
Sec. Of State  
mthomas

**Article I**

The name of the Limited Liability Company is:

NORTH FLORIDA ORTHOTICS LLC

**Article II**

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

4615-B N W 53RD AVE  
GAINESVILLE, FL. 32608

The mailing address of the Limited Liability Company is:

P O BOX 959  
FORT WHITE, FL. 32038

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

WILLIAM T SEMBOWER  
880 N MAIN ST  
BUSHNELL, FL. 33513

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.

Registered Agent Signature: WILLIAM SEMBOWER

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
KIRKLAND MARCIA  
4615-B N W 53RD AVE  
GAINESVILLE, FL. 32608

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### **Article VI**

The effective date for this Limited Liability Company shall be:

04/23/2009

Signature of member or an authorized representative of a member

Signature: WILLIAM SEMBOWER