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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

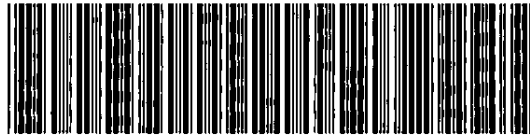
(Document Number)

Certified Copies \_\_\_\_\_

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2009 MAY 22 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
MAY 26 2009  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2009

THOMAS ZWICK, DPM  
8200 NW 27 STREET, #108  
DORAL, FL 33122

SUBJECT: IMAZE MARIAN DAVIS DPM, LLC  
Ref. Number: W09000022999

We have received your document for IMAZE MARIAN DAVIS DPM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 009A00016630

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TALLAHASSEE, FLORIDA

2009 MAY 22 AM 9:00

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IMAZE MARIAN DAVIS DPM, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**THOMAS ZWICK, DPM**

(Name of Person)

**FLORIDA FOOT & ANKLE ASSOCIATES, LLC**

(Firm/Company)

**8200 NW 27 STREET, #108**

(Address)

**DORAL, FL 33122**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LETY DELRIO**

(Name of Person)

at ( **786** ) **662-3893**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2009 MAY 22 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

IMAZE MARIAN DAVIS DPM, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

1190 NW 95 STREET

SUITE 108

MIAMI, FL 33150

#### Mailing Address:

8200 NW 27 STREET

SUITE 108

DORAL, FL 33122

### 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.)

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

THOMAS A. ZWICK, DPM

Name

8200 NW 27 STREET, SUITE 108

Florida street address (P.O. Box **NOT** acceptable)

DORAL FL 33122

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)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

FLORIDA FOOT & ANKLE ASSOCIATES, LLC

8200 NW 27 STREET, #108

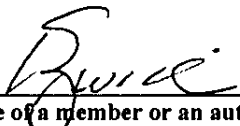
DORAL, FL 33122

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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 that the facts stated herein are true.)

THOMAS A. ZWICK, DPM, PRESIDENT, FLORIDA FOOT & ANKLE ASSOCIATES, LLC

Typed or printed name of signer

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA