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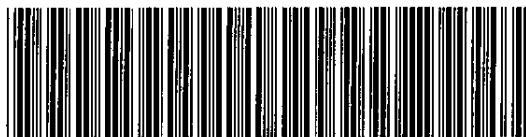
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 31 AM 10:47

T. HAMPTON

AUG - 3 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Foot & Ankle Reconstruction Associates, 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:

Charles A. Mantell, Esq.

Name of Person

Weiner, Mantell & Fornes, P.C.

Firm/Company

59 Elm Street

Address

New Haven, CT 06510

City/State and Zip Code

timchan12@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles A. Mantell, Esq.

Name of Person

at (203)

789-0004

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

WEINER, MANTELL & FORNES, P.C.

ATTORNEYS AND COUNSELORS AT LAW

59 ELM STREET

NEW HAVEN, CONNECTICUT 06510

ALAN R. WEINER
(1939-1990)

TELEPHONE
(203) 789-0004

FACSIMILE
(203) 865-1989

July 28, 2009

Office of the Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Filing the Articles of Organization
Foot & Ankle Reconstruction Associates, LLC

Dear Sir/Madam:

Enclosed please find the Articles of Organization for the above-captioned Limited Liability Company. Also enclosed is a check in the amount of \$160 representing the filing fee.

Please return the Confirmation of Filing to me at the address listed on the top of this letter.

Very truly yours,



Charles A. Mantell
CAM/rb
Enclosures
cc: Dr. Timothy Chan

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foot & Ankle Reconstruction Associates, 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:

3255 South Highlands Avenue
Sebring, FL 33870

Mailing Address:

3255 South Highlands Avenue
Sebring, FL 33870

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:

Timothy Chan

Name

3255 South Highlands Avenue

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

Sebring, FL 33870

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)

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DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Timothy Chan, MGR

3255 South Highlands Avenue
Sebring, FL 33870

(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.)

Timothy Chan

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)**