

L 100000118985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

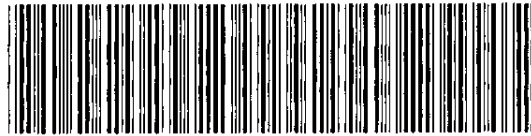
(Business Entity Name)

(Document Number)

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11/16/10--01030--008 \*\*155.00

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10 NOV 16 AM 11:33  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLahassee, FLORIDA

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10 NOV 16 PM 2:13  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR  
NOV 16 2010  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/16/2010

REF. #: 000650.136473

CORP. NAME: PERFORMANCE ORTHOPAEDICS OF FLORIDA, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 537410 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
PERFORMANCE ORTHOPAEDICS OF FLORIDA, LLC**

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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**ARTICLE I  
Name**

The name of the Limited Liability Company is PERFORMANCE ORTHOPAEDICS OF FLORIDA, LLC (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is located at 721 SE 17<sup>th</sup> Street, Ft. Lauderdale, Florida 33316.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Pastor & Golbois CPAs, P.A. and the address of the Company's registered office is 7700 Congress Avenue, Suite 1139, Boca Raton, Florida 33487.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a manager-managed company and the name and address of the initial manager is:

Brian M. Mevorah, D.C.  
721 SE 17<sup>th</sup> Street  
Ft. Lauderdale, Florida 33316

**ARTICLE VI**  
**Admission of Additional Members**

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

**MEMBER:**



\_\_\_\_\_  
Brian M. Mevorah, D.C.

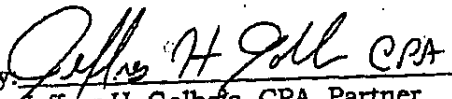
**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PERFORMANCE ORTHOPAEDICS OF FLORIDA, LLC
  
2. The name and address of the registered agent and office is: Pastor & Golbois CPAs, P.A., 7700 Congress Avenue, Suite 1139, Boca Raton, Florida 33487.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

Pastor & Golbois CPAs, P.A.

By:  CPA  
Jeffrey H. Golbois, CPA, Partner

PERFORMANCE ORTHOPEDICS EAST, LLC  
721 SE 17TH ST., #104  
FORT LAUDERDALE, FLORIDA 33316

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November 12, 2010

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Performance Orthopaedics of Florida, LLC**

Dear Sir or Madam:

The undersigned, as Managing Member of Performance Orthopedics East, LLC, a Florida limited liability company, the owner of trademark "Performance Orthopaedics", registered under Document Number T08000000430, hereby authorizes use of the name "Performance Orthopaedics of Florida, LLC", a to-be-formed Florida limited liability company. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

Performance Orthopedics East, LLC,  
a Florida limited liability company  
Document Number L03000045393

By: 

\_\_\_\_\_  
Brian M. Mevorah, D.C.  
Managing Member