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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mydell629@gmail.com

FLORIDA LIMITED LIABILITY CO.  
Miami Foot and Ankle Care LLC

Certificate of Status	1
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A. LUNT  
OCT 26 2011  
EXAMINER

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Miami Foot and Ankle Care LLC**

ARTICLE II - Address

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

Principal Office Address:

8940 N. Kendall Drive #801E

Miami, FL 33176

Mailing Address:

8940 N. Kendall Drive #801E

Miami, FL 33176

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Ira Baum

Name

8940 N. Kendall Drive #801E

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33176

(City / State / Zip)

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*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 - Ira Baum

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Ira M. Baum - 8940 N. Kendall Drive #801E, Miami, FL 33176

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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.)

Ira M. Baum

Typed or printed name of signee

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