1/25/12

Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

Gulf Coast Ortho LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name The name of the Limited Liability Company is: Gulf Coast Ortho LLC ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 202 Triano Circle 202 Triano Circle Venice, FL 34292 Venice, FL 34292 ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are: Jessica Warmack Name 202 Trlano Circle (P.O. Box or Mail Drop Box NOT Acceptable) Venice, FL 34292

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.

(City / State / Zlp)

Registered Agent's Signature - Jessica Warmack

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ARTICLE IV - Manage The name and address of each	er(s) or Managing Member(s): ch Manager or Managing Member is as follows:	
Title: "MGR" – Manager "MGRM" = Managing Mem	Name and Address:	
_MGR	Jessica Warmack - 202 Triano Circle, Venice	FI. 34292
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	}	·
REQUIRED SIGNATURI	E:	
Sign	ature of a member or authorized representative of a memb	oer.
docum	cordance with section 608.408(3), Florida Statutes, the exection constitutes an affirmation under the penalties of perjury herein are true.)	
	Jessica Warmack	SECA TALLA
	Typed or printed name of signee	FILED JAN 25 AM 8: I RETARY OF STA AHASSEE, FLOR