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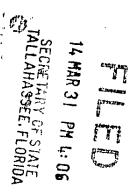
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2014

JEFFREY BANKSTON, ESQ 2215 S 3RD ST SUITE 103 JACKSONVILLE BEACH, FL 32250

SUBJECT: ORTHO-ONE, LLC Ref. Number: W14000017868

We have received your document for ORTHO-ONE, 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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

.

Letter Number: 814A00006029

Buschman, Ahern, Persons & Bankston

ATTORNEYS AT LAW
2215 SOUTH THIRD STREET, SUITE 103
JACKSONVILLE BEACH, FLORIDA 32250
TELEPHONE (904) 246-9994
FAX (904) 246-6680

JEFFREY R. BANKSTON, ESQ.

Admitted to: State of Florida State of Alabama

March 17, 2014

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

RE: Articles of Organization - Ortho-One, LLC

Dear Sir/Madam:

Enclosed please find the following documents:

- 1. Cover Letter to Registration Section, Division of Corporations;
- 2. Articles of Organization for Ortho-One, LLC; and,
- 3. Check No. 210 in the amount of \$125.00 for the filing fee.

The Articles of Organization contain a copy of the signature page signed by Fady El-Bahri. The original signature will be provided upon receipt.

If you have any questions, or require additional information, please give me a call.

Thank you.

Sincerely,

Jeffrey R. Bankston

JRB:cwg Enclosures (as stated above)

COVER LETTER

Division of Corporations
SUBJECT: Ortho-One, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and foo(s) are submitted for filing
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey R. Bankston, Esq
Name of Person
Buschman Ahern persons Bankston
Firm/Company
2215 S. 3rd Street, Suite 103
Address
Jacksonville Beach, Florida 32250
City/State and Zip Code
jbankston@bapblaw.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffrey Bankston , 904 \ 246-9994
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sumsetering \text{\$\frac{1}{2}}\$\$125.00 Filing Fee \text{\$\frac{1}{2}}\$\$130.00 Filing Fee \text{\$\frac{1}{2}}\$\$\$Certificate of Status \$\text{\$\frac{1}{2}}\$\$ Certified Copy (additional copy is enclosed) \$\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Ortho-One, 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 of	ffice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1045 Riverside Avenue Jacksonville, FL 32204	same as principal office address		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration. The name and the Florida street address of the registered at Jeffrey R. Bankston, Esq. Name 2215 S. Third Street, Suite 103 Florida street address (P.O. Box Jacksonville Beach	Registered Agent. You must designate an individual.) agent are: AHAGE NOT acceptable) FL 32250	ual or 14 MAR 31 PM 4: 06	
City	Zip	•	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblication. Chapter Registered Agent's Signature.	the appointment as registered agent and agree to of all statutes relating to the proper and complete pigations of my position as registered agent as prover 605, F.S.	act in th	nis ance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	F.A. FID-Lat
AMBR	Fady El-Bahri 1045 Riverside Avenue
	Jacksonyille, FL 32204
	440000(11110, 1 4 bales.
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•	
Use attachment if necessary)	
tive date is listed, the date must be spec	of filing:
EV: Effective date, if other than the date of citive date is listed, the date must be specifiling.) EVI: Other provisions, if any.	of filing:
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