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Division of Corporations  
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## To:

Division of Corporations  
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## From:

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Fax Number : (786) 409-5946

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**FLORIDA LIMITED LIABILITY CO.  
TRINITY ORTHOPEDICS, LLC**

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The Name of the Limited Liability Company shall be :

**TRINITY ORTHOPEDICS, LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 5805 NW 42<sup>ND</sup> TERRACE, BOCA RATON, FL 33496

**ARTICLE IV**

The name of the Manager(S) shall be:

EDGAR G. HANDAL  
5805 NW 42<sup>ND</sup> TERRACE  
BOCA RATON, FL 33496

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

GUY D. SPERDUTO  
8963 STIRLING ROAD STE 101  
COOPER CITY, FL 33328

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

Trinity Orthopedics, LLC  
(Name of Company)

Having been named as the registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
REGISTERED AGENT

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Guy D. Sparduto  
Typed or printed name of signer

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