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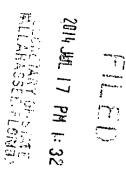
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COVER LETTER

Division of Corporations		
SUBJECT: Salus Orthopedic & Spine, LLC		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
George Petryk		
	Name of Person	
Salus Orthopedic & Spine		
	Firm/Company	
15880 Summerlin Rd., Suite 300, F	PMB 106	
	Address	****
Fort Myers, FL 33908	PMB 106 Address	
C	d for future annual report notification)	i,
docnerves@yahoo.com		
E-mail address: (to be use	d for future annual report notification))
For further information concerning this matter, plea	ase call:	
George Petryk at (2	• • • • • • • • • • • • • • • • • • • •	
Name of Person	Area Code Daytime Telephone Number	
Englaced is a check for the following amount:		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed))
Mailing Address	Street/Courier Address	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
The name of the Emmed Emonity Company				
Salus Orthopedic & Spine, LLC			_	
(Must end with the wor	ds "Limited Liability Company, "L.L.C.," or "L	LC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compa	any is:		
Principal Office Address:	Mailing Address:			
8191 College Parkway Suite 205	15880 Summerlin Road Suite 300 PMB 106		_	
Fort Myers, FL 33919	Fort Myers; FL 33908		-	
another business entity with an active Florida The name and the Florida street address of th	•	S. S.	2114 191	ua de juga ju
George Petryk			四	A SHEET OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDR
	Name	S	17	1
8191 College Park		() () () () () () () () () ()	Hq	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	7	 	T,
Fort Myers	_{FL} 33919		ယ	
Ciț	y Zip	*	N	
the place designated in this certificate, I h capacity. I further agree to comply with the of my duties, and I am familiar with and acceptable Registered Ag	to accept service of process for the above stated hereby accept the appointment as registered agent provisions of all statutes relating to the proper of accept the obligations of my position as registered Chapter 605, F.S gent's Signature (REQUIRED)	t and agree and complete	to act in e perfori	this mance
(CONTINUED)			

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager MGR	George Petryk
	15880 Summerlin Rd., Suite 300 PMB 106
	Fort Myers, FL 33908
AMBR	James Padula
	15880 Summerlin Rd., Suite 300 PMB 106
	Fort Myers, FL 33908
(Use attachment if necessary)	Tal.
(Use attachment if necessary)	Air 10
CLE V: Effective date, if other than the date	e of filing: 7/14/2014 first 1/14/2014 (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	e of filing: 7/14/2014 fide 7/14/2014 (OPTIONAL) Foecific and cannot be more than five business days prior to prior
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	e of filing: 7/14/2014 in 1/14/2014 (OPTIONAL) = pecific and cannot be more than five business days prior to perior
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CLE V: Effective date, if other than the date effective date is listed, the date must be sp the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	TANCE OF THE 32
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ember or an authorized representative of a member.
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes an affirmation under the constitutes are constituted.	TANCE OF THE 32

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)