

L5 000019957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

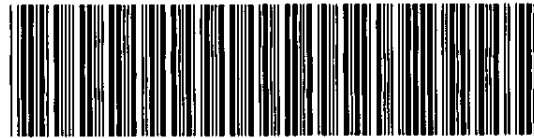
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500268690945

RECEIVED  
15 FEB -2 PM 1:51  
DIVISION OF CORPORATION  
FILED  
2015 FEB -2 A 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
FEB - 3 2015  
EXAMINER

CSC  
1201 Hays Street  
Tallahassee, FL 32301  
(800) 927-9800

ACCOUNT NO. : I20000000195

REFERENCE : 486250 149697A

AUTHORIZATION :

*Lyndee Coleman*

COST LIMIT : \$1254.00

ORDER DATE : February 2, 2015

ORDER TIME : 12:12 PM

ORDER NO. : 486250-005

CUSTOMER NO: 149697A

DOMESTIC FILING

NAME: ORTHOPAEDIC CARE ASSOCIATES,  
LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2015 FEB -2 A 10:05  
NOTARY OF STATE  
TALLAHASSEE, FL 32309

**ARTICLES OF ORGANIZATION  
FOR  
ORTHOPAEDIC CARE ASSOCIATES, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 605 entitled "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

**ARTICLE I - NAME**

The name of the company shall be: **ORTHOPAEDIC CARE ASSOCIATES, LLC** (the "Company")

**ARTICLE II - ADDRESS**

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

1571 Oneco Avenue  
Winter Park, Florida 32789

**ARTICLE III - CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **ORTHOPAEDIC CARE ASSOCIATES, LLC**
2. The name and the Florida street address of the registered agent are:

Swann Hadley Stump Dietrich & Spears, P.A.  
NAME

1031 West Morse Blvd., Suite 350  
Florida Street Address (P.O. Box **NOT** Acceptable)

Winter Park, Florida 32789  
City, State and Zip

**FILED**  
2015 FEB -2 A 10:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

SWANN HADLEY STUMP DIETRICH &  
SPEARS, P.A., a Florida Professional Association

By: \_\_\_\_\_

Ralph V. Hadley, III  
Vice President

#### ARTICLE IV - DURATION

The period of duration for the Company shall be **Perpetual** unless terminated as provided in the Operating Agreement.

#### ARTICLE V - MANAGEMENT

The Company is to be managed by the Member and the name and address of the Member is:

David J. Cowin  
1571 Oneco Avenue  
Winter Park, Florida 32789

#### ARTICLE VI – STATEMENT OF AUTHORITY

All Company decisions and actions shall be decided by the members.

#### ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Operating Agreement.

(In accordance with Section 605.0201(4), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

\_\_\_\_\_  
Signature of a member or authorized  
Representative of a member

**RALPH V. HADLEY, III**

Typed or Printed Name of Signee

FILED  
2015 FEB - 2 A 10:06  
CLERK OF DISTRICT COURT  
JULY COUNTY, FLORIDA