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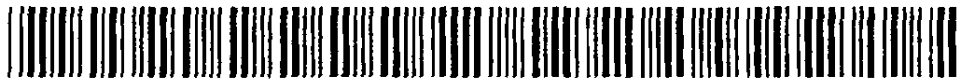
3/24/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cpotig@aol.com

FLORIDA LIMITED LIABILITY CO.
Done Right Orthotics LLC

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

REC-111
15 MAR 24 AM 10:00
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
INFORMATION SERVICES

FILED
2015 MAR 24 AM 11:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

K. SALLY
EXAMINER
MAR 25 2015

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Done Right Orthotics 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 office of the Limited Liability Company is

Principal Office Address:17759 Litten Drive
Boca Raton, FL 33498Mailing Address:17759 Litten Drive
Boca Raton, FL 33498

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Antonella Debello

Name

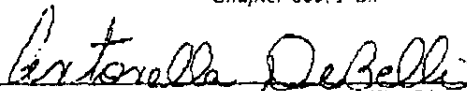
17759 Litten DriveFlorida street address (P.O. Box **NOT** acceptable)Boca Raton

City

FL 33498

Zip

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 605, F.S.


Registered Agent's Signature (REQUIRED)

Antonella Debello

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Antonella Debello

17759 Litten Drive

Boca Raton, FL 33498

FILED
2015 MAR 24 AM 11:03
CLERK OF DISTRICT COURT
JANET S. HARRIS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Antonella Debello

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.)

Antonella Debello

Typed or printed name of signer

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