18132001050 From: John Gurba Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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fhakimmd@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO. JAX ORTHOPEDICS, LLC

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Audit # H15000235218 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

JAX ORTHOPEDICS, LLC

The mailing address and street address of the Limited Liability Company are:

2218 Alicia Lane Atlantic Beach, FL 32233

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

<u>Powers</u>

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3812 W Linebaugh Ave., Suite 102, Tampa, FL 33618,, 813-875-1333.

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ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

2218 Alicia Lane Atlantic Beach, FL 32233

and the name of its registered agent at such address is:

Farid Hakim

ARTICLE VI Management

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

Name and Address

Farid Hakim, Authorized Member 2218 Alicia Lanc Atlantic Beach, FL 32233

Dated: Wednesday, September 30, 2015

Farid Hakim

Farid Hakim

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Audit # H15000235218

ACCEPTANCE BY REGISTERED AGENT

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.

Date: September 30, 2015	Farid Itakim	
	Farid Hakim	