51 (ra) (5, 873) 57 (5 Mon) From All rez Arri Division of Corpor biz.org/scr Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H15000282542 3))) H150002825423ABC5 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this ු page. Doing so will generate another cover sheet. зĽ. О. To: Division of Corporations Fax Number : (850)617-6381 င္သာ From: Account Name : ALVAREZ ARRIETA & DIAZ-SILVE Account Number : I20130000001 ւտ 05 101 Phone : (305)740-1940 Fax Number : (305)740-1941 ****E**nter the email address for this business entity to be used for annual report mailings. Enter only one email address please ي menevas (@ aads law. Loin Email Address:

FLORIDA LIMITED LIABILITY CO.

Miami Pros Orthopedic, LLC

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From Alvarez Arrieta DiazSilveira 1.305.873.8716 Mon Nov 30 11:12:31 2015 EST Page 2001

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ARTICLES OF ORGANIZATION OF MIAMI PROS ORTHOPEDIC, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is Miami PROS Orthopedic, LLC (the "<u>Company</u>").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 14620 Sailfish Dr., Coral Gables, FL 33158.

ARTICLE III - REGISTERED OFFICE AND AGENT AND ADDRESS

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:

<u>Name</u> Mario Ghantous Assaad Address 14620 Sailfish Dr. Coral Gables, FL 33158

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 25 day of November, 2015.

1/auvi By:

Name: Mario Ghangous Assaud Title: Authorized Person

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From Álvarez Arrieta DiazSilveira 1.305.873.8716 Mon Nov 30 11:12:31 2015 EST Page 3 of 12 AND Fil

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SECRETARY OF STATE TALLAHASSEE FLORIDA

REGISTERED AGENTS ACCEPTANCE

Having been named as registered agent and to accept service of process for Miami PROS Orthopedic, LLC at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated: November 25, 2015

By:

Name: Mario Otheritous Assaad Title: Registered Agent

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