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(Re	questor's Name)	
(Ad	dress)	
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·	ŕ	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Pa)	nimage Entity No.	
(Bu	siness Entity Nar	пеј
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE TALL/SUSSEELFLORIDA

mim 2/31/7011

## COVER LETTER

	degistration Section  Nivision of Corporations	·		
SUBJECT	Advanced Foot & Ankle, LLC			
SUBJEC	Name of	Limited Liability Company		
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.		
Please reti	urn all correspondence concerning this	matter to the following:		
	Vivek B. Patel			
		Name of Person	<del></del>	
		P: - (0		
٠		Firm/Company		
	1021 Vinsetta Circle			
		Address		
	Winter Garden, FL 34787	·	<u></u>	
		City/State and Zip Code		
	vivekbpatel@gmail.com	16 64		A
		sed for future annual report notification)	100 100 100 100 100 100 100 100 100 100	מונה בינון מונה בינון מונה בינון
For further	information concerning this matter, ple	ease call:	25	
	Vivek Patel	630 6317170	Ph	
	Name of Person	Area Code Daytime Telephone Number	PH 12: 21	STAT
Enclosed	s a check for the following amount:			)A
<b>]\$</b> 125,00 F	Tiling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing For Certificate of Standitional copy is enclosed)  \$160.00 Filing For Certificate of Standitional Copy is enclosed)	tus &	d)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		

## ${\bf ARTICLES}. {\bf OF} {\bf ORGANIZATION} {\bf FOR} {\bf FLORIDA} {\bf LIMITED} {\bf LIABILITY} {\bf COMPANY}$

ARTICLE I - Name: The name of the Limited L	iability Company is:			
	& Ankle, LLC st end with the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and st	reet address of the principal o	ffice of the Lim	nited Liability Company is:	
<u>P1</u>	rincipal Office Address:		Mailing Address:	
1021 Vinsetta ( Winter Garden			1021 Vinsetta Circle Winter Garden, FL 34787	<del>-</del> .
(The Limited Liability Cor another business entity wi	ed Agent, Registered Office, mpany cannot serve as its own th an active Florida registration street address of the registered Vivek B. Patel	Registered Agn.) I agent are:	Agent's Signature: ent. You must designate an individual or	
		Name		
	1021 Vinsetta Circle Florida street addres	s (P.O. Box <b>N</b> (	OT acceptable)	
	Winter Garden	FL	34787	
	City	State	Zip	
place designated in this cert further agree to comply with	ificate, I hereby accept the app the provisions of all statutes re the obligations of my position	ointment as reg elating to the pr as registered as	or the above stated limited liability company istered agent and agree to act in this capact oper and complete performance of my dutiegent as provided for in Chapter 605, F.S	ity. I

(CONTINUED)

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SECRETARY OF STATE TALLAM SSEE, FLORIDA

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	VDD Entermises, LLC
AMBR	VRP Enterprises, LLC 1021 Vinsetta Circle
	Winter Garden, FL 34787
MCD	Vivek B. Patel
MGR	1021 Vinsetta Circle
	Winter Garden, FL 34787
	Willier Outdell, FD 37707
(Use attachment if necessary)	
	he date of filing: March 25, 2016 (OPTIONAL)
	t be specific and cannot be more than five business days prior to or 90 da
te of filing.)  If the date inserted in this block does	es not meet the applicable statutory filing requirements, this date will not be
ocument's effective date on the Depa	
CLE VI: Other provisions, if any.	
MODE MILITIOED EDG	
MODEL MINISTED EDG	
ACEN MINISTER EEG	
REQUIRED SIGNATURE:	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Vivek B. Patel

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)

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