

L16000072931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

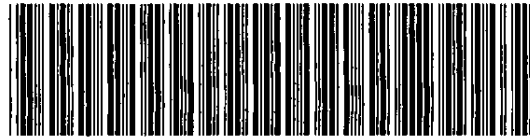
(Business Entity Name)

(Document Number)

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

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16 APR 12 PM 2:29

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W16000023474

4/5/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORTHOPEDIC Recovery, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Jarolem, Esq.  
Name of Person

TRAUB LIEBERMAN, et. AL.  
Firm/Company

11770 US Hwy 1 Ste 402  
Address

Palm Beach Gardens, FL 33408  
City/State and Zip Code

Richard@TRAUBLIEBERMAN.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Jarolem at ( 561 ) 848-8300  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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**TRAUB LIEBERMAN**  
**STRAUS & SHREWSBERRY LLP**

11770 U.S. Highway One  
Palm Beach Gardens, FL 33408

Telephone (561) 848-8300  
Facsimile (561) 848-8301  
[www.traublieberman.com](http://www.traublieberman.com)

**Richard A. Jarolem, Esquire**  
**[RJarolem@traublieberman.com](mailto:RJarolem@traublieberman.com)**

April 8, 2016

Claretha Golden, Regulatory Specialist II  
New Filing Section, Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

***Re: Orthopedic Recovery LLC***  
***Your Ref No. W16000023474***  
***Your Letter No.: 916A00006508***

Dear Ms. Golden:

Pursuant to your request, enclosed herewith are the corrected original and one copy of document regarding the above-referenced.

If you require additional information, please contact us.

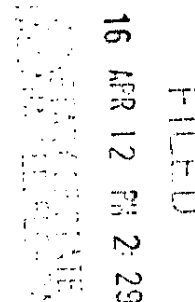
Thank you.

Sincerely,



Richard A. Jarolem  
*Signed in his absence to expedite*

RAJ:eob  
Enclosure: As stated herein





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2016

RICHARD JAROLEM, ESQUIRE  
11770 US HWY 1  
SUITE 402  
PALM BEACH GARDENS, FL 33408

SUBJECT: ORTHOPEDIC RECOVERY LLC  
Ref. Number: W16000023474

We have received your document for ORTHOPEDIC RECOVERY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete street addresses for your members/managers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 916A00006508

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16 APR 12 PM 2:30  
CLARETHA GOLDEN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orthopedic Recovery LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

16 APR 12 PM 2:30

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

12520 N. Stone Brook Cir  
DAVE FL 33330

Mailing Address:

12520 N. Stone Brook Cir  
DAVE FL 33330

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:

Richard JAROLEM, Esq.

Name

11770 US Hwy 1 Ste 402

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33408

City

State

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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR / AMBR

AMBR

AMBR

AMBR

**Name and Address:**

Thmoer Road Properties, LLC  
11520 Stonebrook Circle  
Davie FL 33330

Simon Family Company LLC  
2455 Poinciana Drive  
Weston FL 33327

Linn Family Company LLC  
754 NW 101 Terrace  
Plantation FL 33327

Niel ~~Schechter~~ Schechter, MD  
1470 Victoria Isle Drive  
Weston FL 33327

(Use attachment if necessary)

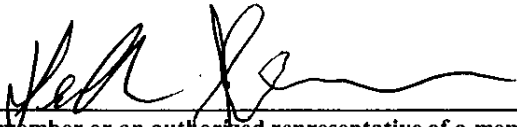
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

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

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.

Kenneth Jarolem, M.D. MGR Thmoer Road Properties LLC  
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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

ATTACHEMENT TO ARTICLE IV

AMBR

Phillip B. Cummings, M.D.  
12103 NW 19<sup>th</sup> Street  
Plantation, FL 33323

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CLERK OF COURT  
JUDICIAL DISTRICT 1  
PLANTATION, FLORIDA