

L16000122763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

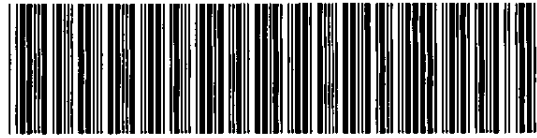
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JUL 01 2016

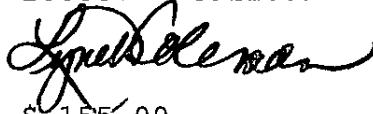
T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 200887 4311639

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : July 1, 2016

ORDER TIME : 1:37 PM

ORDER NO. : 200887-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: CENTERS FOR ORTHOPEDIC  
MOBILITY OF FLORIDA, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
CENTERS FOR ORTHOPEDIC MOBILITY OF FLORIDA, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **Centers for Orthopedic Mobility of Florida, LLC**

**ARTICLE II: - Address**

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

**Attn: Alex A. Garcia and Luis E. Rinaldini  
c/o Centers for Orthopedic Mobility, LLC  
551 Madison Avenue  
New York, NY 10022**


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

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

CORPORATION SERVICE COMPANY, as Registered Agent

  
Name: Melissa Zender  
Title: Asst. Vice President


**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Alex A. Garcia c/o Centers for Orthopedic Mobility, LLC 551 Madison Avenue New York, NY 10022
MGR	Luis E. Rinaldini c/o Centers for Orthopedic Mobility, LLC 551 Madison Avenue New York, NY 10022

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16 JUL - 1 PM 3:03  
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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on July 1st, 2016.



\_\_\_\_\_  
William J. Spratt, Jr., 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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
William J. Spratt, Jr.

Typed or printed name of signee

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