

## 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.

(((H16000303861 3)))



H160003038613ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Rosa Wong, Paralegal

Account Name : AKERMAN LLP - MIAMI

Account Number : 075471001363 : (305)374-5600 Phone

Fax Number : (305)374-5095

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

william.spratt£akerman.com

FLORIDA LIMITED LIABILITY CO.

Centers for Orthopedic Mobility of Palm Beach, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H16000303861 3

## ARTICLES OF ORGANIZATION OF CENTERS FOR ORTHOPEDIC MOBILITY OF PALM BEACH, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is Centers for Orthopedic Mobility of Palm Beach, 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: COM libe En Z Title: Assat, Dica Prosiden

ARTICLE IV: - Management

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

Title:

Name and Address:

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 H16000303861.3

## 2016/12/12 14:16:05 3 /3

H16000303861 3

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on December 12, 2016.

William J. Splatt 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