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**FLORIDA LIMITED LIABILITY CO.  
SURE Orthopedics, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
SURE ORTHOPEDICS, LLC**

FILED  
19 APR -2 AM 11:11  
TALLAHASSEE, FLORIDA

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

**ARTICLE I.  
NAME**

The name of the Limited Liability Company shall be SURE ORTHOPEDICS, LLC.

**ARTICLE II.  
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually, effective as of the date of filing.

**ARTICLE III.  
ADDRESS; PRINCIPAL OFFICE**

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 2955-B Bee Ridge Road, Sarasota, Florida 34239.

**ARTICLE IV.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 2955-B Bee Ridge Road, Sarasota, Florida 34239, and the name of the registered agent is John Kuczynski.

**ARTICLE V.  
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

**ARTICLE VI.  
MANAGEMENT**

This Limited Liability Company shall be a manager-managed limited liability company. The authority, and limitations on such authority, of the managers shall be specified in the operating agreement of the Company. The initial managers of the Company, and the address of

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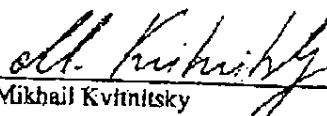
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said managers, shall be Robert P. Stohur, Mikhail Kvintitsky and John D. Kuczynski, 2955-B Bee Ridge Road, Sarasota, Florida 34239.

The undersigned, being the Authorized Representative, hereby certifies that the foregoing constitutes the Articles of Organization of SURE ORTHOPEDICS, LLC.

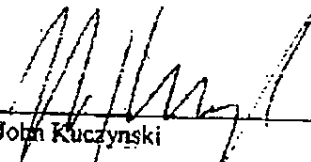
Executed by the undersigned on April 1<sup>st</sup>, 2019.

  
Mikhail Kvintitsky

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**  
**ACKNOWLEDGMENT OF REGISTERED AGENT**

Pursuant to Section 605.0113, Florida Statutes, I agree to act in the capacity of Registered Agent for SURE ORTHOPEDICS, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113.

DATED this 1<sup>st</sup> day of April, 2019.

  
John Kuczynski

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**AUTHORIZATION TO OBTAIN EMPLOYER IDENTIFICATION NUMBER**

The undersigned, as Manager of SURE Orthopedics, LLC, a Florida limited liability company, (the "Taxpayer") designates Kelly L. McShane, FRP and Michael D. Magidson, Esquire as the Third-Party Designees under the Form SS-4, Application for Employer Identification Number, to obtain an Employer Identification Number ("EIN") for the Taxpayer.

The undersigned further acknowledges that the Taxpayer understands and acknowledges that the Taxpayer is authorizing the Third-Party Designee to apply for and receive the EIN on behalf of the Taxpayer and to answer questions about the completion of the Form SS-4 in order to obtain the EIN.

Dated this 1<sup>st</sup> day of April, 2019.

SURE Orthopedics, LLC

By: *M. Kvitnitsky*  
Mikhail Kvitnitsky, Manager

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