

L2200000 5590

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(Address)

(Address)

(City/State/Zip/Phone #)

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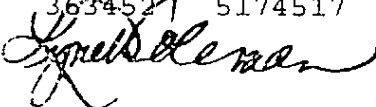
2022 JAN -6 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 3634527 5174517

AUTHORIZATION : 

COST LIMIT : \$ 125.00

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ORDER DATE : January 5, 2022

ORDER TIME : 8:34 AM

ORDER NO. : 363452-005

CUSTOMER NO: 5174517  
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DOMESTIC FILING

NAME: GAIT BOOST, LLC

EFFECTIVE DATE:

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Alexxis Weiland - EXT.

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

**STATE OF FLORIDA**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**GAIT BOOST, LLC**

**(a Florida limited liability company)**

These Articles of Organization of **Gait Boost, LLC**, a Florida limited liability company (the "Company"), dated as of January 5, 2022, are being duly executed and filed by Mark E. Coticchia, who is authorized to form a limited liability company under the Florida Revised Limited Liability Company Act (Chapter 605 of Florida Statutes).

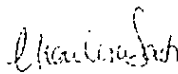
**ARTICLE I - Name:** The name of the limited liability company is:  
**Gait Boost, LLC**

**ARTICLE II - Address:** The principal address and mailing address of the Company is:  
950 South Pine Island Road, Suite 150  
Plantation, Florida 33324

**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:**  
The Registered Agent and Registered Office for service of process is as follows:

**Name:** Corporation Service Company  
**Address:** 1201 Hays Street  
Tallahassee, FL 32301

*Having been named to accept service of process for the Company named above, at the place designated in this certificate, I agree to act in that capacity and to comply with the provisions of the Florida Limited Liability Company Act and all other applicable laws, relative to the proper and complete performance of my duties as registered agent.*

  
\_\_\_\_\_  
Registered Agent

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

MGR      Paul Jaure  
             11767 S. Dixie Hwy., #321  
             Miami, Florida 33156

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL

Mark E. Coticchia, Corporate Vice President  
for Innovation  
Baptist Health South Florida, Inc.  
6855 Red Road, Suite 400  
Coral Gables, Florida 33143-3623

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization  
as of the date first above written.

A handwritten signature in black ink, appearing to read "Mark E. Coticchia", written over a horizontal line.

Mark E. Coticchia, Authorized Representative