

L08000031134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

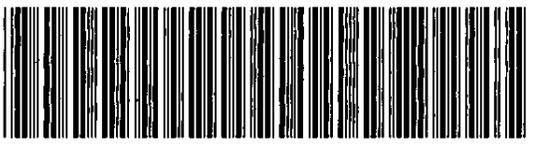
Special Instructions to Filing Officer:

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G. MCLEOD

MAR 27 2008

EXAMINER



000120515950

03/26/08--01029--008 **160.00

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 26 PM 12:45**

LAW OFFICES
**WICKER, SMITH, O'HARA
McCoy & Ford, P.A.**

BANK OF AMERICA TOWER, SUITE 2700
50 NORTH LAURA STREET
JACKSONVILLE, FLORIDA 32202
(904) 355-0225
FAX (904) 355-0226
WWW.WICKERSMITH.COM

MIAMI
(305) 448-3939
FORT LAUDERDALE
(954) 847-4800

WEST PALM BEACH
(561) 689-3800
ORLANDO
(407) 843-3939

TAMPA
(813) 222-3939
NAPLES
(239) 430-1120

March 24, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

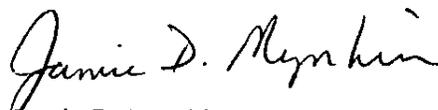
RE: Corporate Name: AccessRehab, L.L.C.
Our File No.: 61382-10

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Florida Limited Liability Company and our check in the amount of \$160.00 for filing of same. Please return the certified copy and Certificate of Status in the enclosed postage prepaid envelope.

If you have any questions regarding the attached documents, please feel free to contact me.

Very truly yours,



Jamie D. Mynhier
Legal Assistant to Jeffrey M. Moody

jdm/30079744
Encs.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AccessRehab, L.L.C.

(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 Ramsey, esq.

(Name of Person)

Wicker, Smith, O'Hara, McCoy & Ford, P.A.

(Firm/Company)

50 North Laura Street, Suite #2700

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Ramsey, esq. at (**904**) **355-0225**

(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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AccessRehab, L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8855 San Jose Blvd.
Jacksonville, Florida
32202

8855 San Jose Blvd.
Jacksonville, Florida
32202

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:

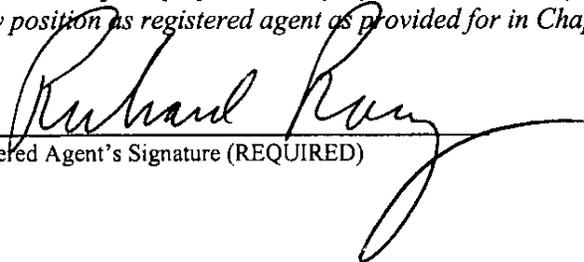
Richard Ramsey, esq.
Name

50 North Laura Street, Suite 2700
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32202
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 26 PM 12:45

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 608, F.S..



Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

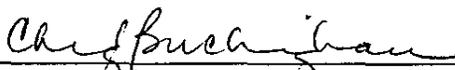
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
MGR	Bryan Cagayan 11522 Summer Brook Court Jacksonville, Florida 32258
MGRM	Fernando Sta. Maria 1097 Flora Parke Drive Jacksonville, Florida 32259
MGRM	Erwin Co 9745 Touchton Road #1824 Jacksonville, Florida 32092
MGRM	Cheryl Buckingham 297 Carolina Jasmine Lane Jacksonville, Florida 32259

(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.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cheryl Buckingham

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)

Attachment for Listing of Article IV Managers and/or Managing Members

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

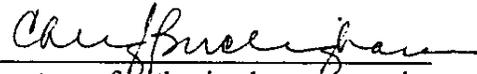
Arminda Bestoyong
267 Topsail Drive
Ponte Vedra, Florida 32081

MGRM

Vener Rafael
4533 Summer Walk Court
Jacksonville, Florida 32258

MGRM

Gerry Yutuc
532 Willow Oak Lane
Jacksonville, Florida 32259



Signature of authorized representative,
Cheryl Buckingham, MGRM