

W09000112297

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.

((H09000245331 3))



H090002453313ABC.

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) 617-6383

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2009 NOV 20 AM 10:00
FILED

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

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.
FLORIDA WELLNESS & REHABILITATION CENTER OF SOUTH
MI

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

A. LUNT

NOV 23 2009

EXAMINER

RECEIVED
09 NOV 20 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA WELLNESS & REHABILITATION CENTER OF SOUTH MIAMI, L.L.C.

ARTICLE II - Address:

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

**6075 SUNSET DR., 4TH FLOOR
S. MIAMI, FL 33143**

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

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

**MARK A. CERECEDA
6075 SUNSET DR., 4TH FLOOR
S. MIAMI, FL 33143**

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

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or 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.)

MARK A. CERECEDA
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 20 AM 10:00

FILED

ARTICLE V - Member(s) & Managing Member(s)

The name(s) and address(es) of the initial member(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
MARK A. CERECEDA	6075 SUNSET DR., 4 TH FLOOR S. MIAMI, FL 33143	MGR MBR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 20 AM 10:00

FILED

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARKERAS, C.P.A., P.A. 1987 N.W. 88 CT., STE. 201 MIAMI, FL 33172 for the foregoing uses and purposes this

19 day of NOVEMBER, 2009.


MARK A. CERECEDA, MANAGER MEMBER