

Florida Department of State
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DIVISION OF CORPORATIONS

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W05-100416

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY

advanced physical therapy services, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I**

The name of the Limited Liability Company is:

ADVANCED PHYSICAL THERAPY SERVICES, LLC**ARTICLE II**

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


15220 SW 9 LANE
MIAMI FL 33194**ARTICLE III**

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

ROLANDA CHACON
15220 SW 9 LANE
MIAMI FL 3319405 OCT 11 PM 13:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, P.S.


[Print Name] ROLANDA CHACON
Registered Agent

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ARTICLE IV

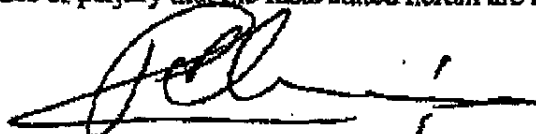
The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company.

ARTICLE V

The right, if given, of the member to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted at the discretion of ROLANDO CHACON, or his/her heirs at law or as designated, whichever the case may be.

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.



(Print Name) ROLANDO CHACON
Managing Member

Prepared by:

Douglas W. Oesterle
9506 S Red Road
Miami, Fl 33156
305-665-7155

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