

L60606003357

Foley + Lardner

Requester's Name

1999 Broadway, Ste 2560

Address

Denver CO 80202

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
100003180541--8
-03/22/00--01093--012
****401.25 ****116.25
2. _____ (Corporation Name) _____ (Document #)
100003180541--8
-03/22/00--01093--013
****133.75 *****8.75
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 MAR 22 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtw
3/24

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
LAKE MARY PAIN AND REHABILITATION CENTER, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **LAKE MARY PAIN AND REHABILITATION CENTER, LLC**


**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 710 Miami Springs Drive, Longwood, Florida 32779.

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent are: James McMichael, 710 Miami Springs Drive, Longwood, Florida 32779.

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 proved for in Chapter 608, F.S.




James McMichael
Agent and Authorized Signatory

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TALLAHASSEE, FLORIDA

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.



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.)

James McMichael

019.104513.1

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