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		Off	ice Use Only	
CORPORATI	ON NAME(S) & DOCU	MENT NUMBER(S), (if kn	own):	
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☐ Walk in	Pick up time	Ţ	Certified Copy	
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		AMENDMENTS Amendment Resignation of R.A., Change of Registered Dissolution/Withdra Merger	d Agent wal	
OTHER FIL	<u>INGS</u>	REGISTRATION/QUALIFICATION Foreign		
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			Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Health & Rehab, L.L.C.

ARTICLE II - Address:

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

15038 N.E. 6th Avenue North Miami, FL 33161

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

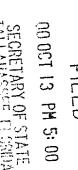
X The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

Mitchell Stern 4000 Hollywood Blvd. Suite 755 South Hollywood, FL 33021

ARTICLE V - Admission of Additional Members:

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

The Managers are authorized to offer, sell, or grant additional limited liability company interest in the Company ("Additional Interests") to any Person in such amounts and on such terms as the Managers may determine only with the written unanimous consent of the Members.



ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be that unless within 90 days after the occurrence of such an event, Members holding a majority of interest in the Company agree in writing to continue the business of the Company and to the appointment, if necessary or desire, effective as of the date of such event, of one or more Additional Members.

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

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

Mitchell Stern

Typed or printed name of signee

OD OCT 13 PM 5: (

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	Florida Health & Rehab, L.L.C.
	• • •	

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

Richard Mirsky, Esquire 2525 S.W. 3rd Avenue, Suite 412 Miami, Florida 33129-2059

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.

SIGNATURE

DO OCT 13 PH 5: 00