# LOLOOOOO 3322 Better Body Physical Therapy, L.L.C.

821 N.E. 36th Terrace, #8 Ocala, FL 34470

January 1, 2001

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 000003796120--8 -03/02/01--01062--613 \*\*\*\*155.00 \*\*\*\*155.00

Re: Better Body Physical Therapy, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Lisa D. George

Better Body Physical Therapy, L.L.C.

Lisa R. Leons

**Enclosures** 

W1-3322

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

of

### BETTER BODY PHYSICAL THERAPY, L.L.C.

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### ARTICLE I - ORGANIZATION NAME

The name of the organization is Better Body Physical Therapy, L.L.C.

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

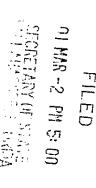
#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office and mailing address shall be as follows:

821 NE 36th Terrace, #8 Ocala, FL 34470



# ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Lisa D. George 821 N.E. 36th Terrace, #8 Ocala, FL 34470

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.

Mia W. Los ge Lisa D. George

#### ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Lisa D. George 821 N.E. 36th Terrace, #8 Ocala, FL 34470

Manager

#### ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Lisa D. George 821 N.E. 36th Terrace, #8 Ocala, FL 34470

### ARTICLE VIII - MANAGEMENT

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

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 1st day of January, 2001.

STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Lisa D. George, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1st day of January, 2001.

Notary Public, State of Florida at Large

My Commission Expires:



