

L0100000195600

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/ST/Zip

850-222-2785

Phone #

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

- 1- WHITE REHABILITATION MANAGEMENT SERVICES, LLC
- 2- _____
- 3- Effective Date
- 4- NOV. 12, 2001

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700004676367--1
-11/13/01--01008--019
****125.00 ****125.00

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
01 NOV 13 AM 11:08
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

Examiner's Initials 11/13/01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

01 NOV 13 PM 2:12

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME: The name of the Limited Liability Company is: **WHITE REHABILITATION MANAGEMENT SERVICES, LLC**

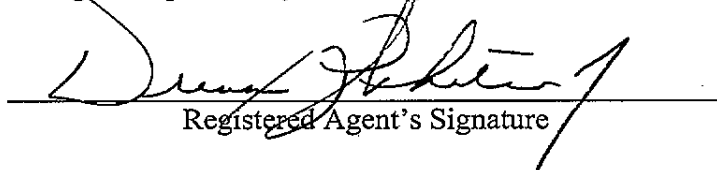
ARTICLE II - Address: The mailing address and the street address of the principal office of the Limited Liability Company is:

WHITE REHABILITATION MANAGEMENT SERVICES, LLC
4475 Danielson Drive
Lake Worth, FL 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Drennen L. Whitmire, Jr., Esquire
Name
450 Royal Palm Way, Sixth Floor
Florida street address (P. O. Box **NOT** acceptable)
Palm Beach, FL 33480
City State, and Zip

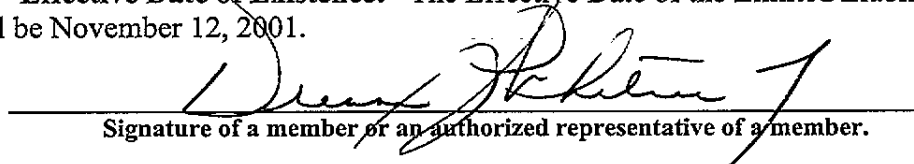
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the property 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 or more managers and is therefor, a manager-managed company.

ARTICLE V - Effective Date of Existence: The Effective Date of the Limited Liability Company's existence shall be November 12, 2001.


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.)

Drennen L. Whitmire, Jr., Esquire
Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA