

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**LO10000020459**

Total Rehab Systems of  
Pembroke Pines, LLC

100004696771--6

-11/28/01--01042--003

\*\*\*\*155.00 \*\*\*\*155.00

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

01 NOV 28 PM 2:01 RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

APPROVE  
AND  
FILED

*JB*  
*11-28-01*

Signature \_\_\_\_\_

Requested by: *SK*

Name \_\_\_\_\_

*11/28/01*  
Date

*11:17*  
Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

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

**ARTICLE I - Name:** The name of the Limited Liability Company is **TOTAL REHAB SYSTEMS OF PEMBROKE PINES, LLC.**

**ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is 17901 NW 5<sup>th</sup> Street, Suite 2, Pembroke Pines, Florida 33029.

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

Benjamin R. Metsch, Esq.  
1455 NW 14<sup>th</sup> St.  
Miami, Florida 33125

*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.*



Registered Agent's Signature  
Benjamin R. Metsch, Esq.

**ARTICLE IV - Management:**

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



Signature of a Member:  
Paul Ramos

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED