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(City/State/Zip/Phone #)

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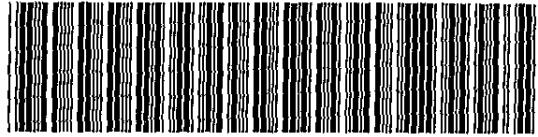
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Law Offices
of
STEVEN D. BRAVERMAN, P.A.

STEVEN D. BRAVERMAN
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February 6, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: A + THERAPY FOR KIDS, L.L.C.

Dear Sir or Madam:

Enclosed are the Articles of Organization and Regulations for the above-referenced corporation along with our firm's check in the amount of \$125.00 for the cost of filing same. Also enclosed is the Certificate of Designation of Registered Agent along with our firm's check in the amount of \$35.00 for the cost of filing same. Once filed, please return a file-stamped copy of both documents to our office in the enclosed self-addressed stamped envelope.

If you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,



STEVEN D. BRAVERMAN, P.A.

SDB:kk
Enclosures

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TALLAHASSEE, FLORIDA

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

ARTICLE I - NAME:

The name of the Limited Liability Company is:

A + THERAPY FOR KIDS, L.L.C.

ARTICLE II - ADDRESS:

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

15902 S.W. 61st Street
Davie, FL 33331

ARTICLE III - DURATION:

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

Perpetual in length

ARTICLE IV - MANAGEMENT:

(Check the appropriate line and complete the statement)

 ✓ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

SUSAN MARQUEZ
15902 S.W. 61st Street
Davie, FL 33331

 The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - ADMISSION OF ADDITIONAL MEMBER:

At this time, there is no right given to the members to admit additional members.

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FALLAHASSEE, FLORIDA

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

At this time, there is no right given herein to 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.



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.)

SUSAN MARQUEZ

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: \$125.00 for Articles and Affidavit

**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:

A + THERAPY FOR KIDS, LLC

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

STEVEN D. BRAVERMAN
8751 WEST BROWARD BOULEVARD, SUITE 206
PLANTATION, FL 33324

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

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Filing Fee: \$35.00 for Designation of Registered Agent