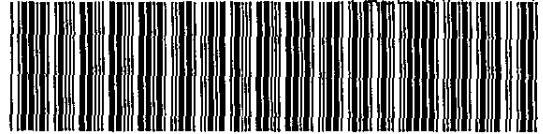


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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02/10/09--01094--001 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Katrina A. Crafton
Direct Dial (312) 580-2348
Direct Fax (312) 782-7296
E-mail kcraftern@fagelhaber.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FAGEL
HABER**
ATTORNEYS AND
COUNSELORS AT LAW

February 5, 2003

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Therapy Options of Seminole County, LLC
Our File No.: 883950.0005

Dear Sir/Madam:

Enclosed for filing are Articles of Organization relative to Therapy Options of Seminole County, LLC. In addition, enclosed is a check in the amount of \$125.00 to satisfy the filing fee. Please return the filing evidence of same to my attention at your earliest convenience.

Thank you for your assistance, and please contact me should you have any questions regarding the enclosed.

Very truly yours,



Katrina A. Crafton
Legal Assistant

Enclosures

cc: Donald W. Williams (w/encl.)

FILED

03 FEB 10 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: _____

Therapy Options of Seminole County, LLC

ARTICLE II - Address:

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

500 Semoran Blvd. #2050

Casselberry, FL 32707

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

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

Donald W. Williams

Name

500 Semoran Blvd. #2050

Florida street address (P.O. Box NOT acceptable)

Casselberry FL 32707

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 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

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

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.)

Howard M. Berrington, Organizer

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

AFTER FILING PLEASE RETURN TO:

FAGELHABER LLC
ATTN: KATY CRAFTON
55 E. MONROE ST., 40TH FLOOR
CHICAGO, IL 60603