. (030000)/538 FILED

(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

DEURLIANY OF STATI TALLAHASSEE, FLORIC



500014684665

03/31/03--01030--011 **160.00

ALT

FILED

03 MAR 31 AM 10: 26

SCURETARY OF STATE TALLAHASSEE, FLORIDA

March 26, 2003

To:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

From: Mikhail Goldenshtein Delray Rehab 101 So. Congress Ave. Suite # I Delray Beach, FL 33445 (561) 735-4440

Dear Madam or Sir:

This is my cover letter for filing new Limited Liability Company. I am providing three original applications because I would like to get two of them back with the stamp and date of filing. Thank you very much for helping me

Sincerely

Mikhail Goldenshtein

ARTI	CLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY C	OMPANY FIL	-ED
ARTIC The na	CLES OF ORGANIZATION FOR FLOR CLE I - Name: me of the Limited Liability Company is:	OELRAY REHAB L.	03 MAR 31 CEUNLIARY TALLAHASSE	AM IO OF ST, E, FLOI
ARTIC The ma	CLE II - Address: ailing address and street address of the principle. So. Concress Ave. Sur. CLE III - Registered Agent, Registered Off	pal office of the Limited Liability C	Company is:	

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

| Mikhail Goldenshoe |
| Name |
| Name |
| So. Congress | Ave. Suite |
| Florida street address (P.O. Box NOT acceptable)
| Decreay Beach | FL 33445 |
| 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

(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.)_

Typed or printed name of signed

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)