

L03000027878

Florida Department of State
Division of Corporations
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LIMITED LIABILITY COMPANY

for your health medical and rehab centers, l.l.c.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

For Your Health Medical And Rehab Centers, L.L.C.

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 6505 Racquet Club Drive

City, State & Zip: Lauderdale, FL 33319

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

Name

Deborah Bland

Address (P.O. Box NOT Acceptable)

6505 Racquet Club Drive

City, State, Zip

Lauderdale, FL 33319

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ARTICLE IV - Liability

No liability may be incurred on behalf of the LLC without the consent of all members.

ARTICLE V - Corporate Existence

This LLC shall not be dissolved upon the death, dissolution, or bankruptcy of a member but shall be continued by the remaining members.

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.

Deborah Bland

Registered Agent's Signature

Date:

July 29, 2013

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.

Deborah Bland

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.

DEBORAH BLAND

Typed or printed name of signer

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