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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**FLEXOR THERAPY OF MIAMI LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	023
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLEXOR THERAPY OF MIAMI LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

4311 Palm Ave. Suite # 3

Hialeah, Florida 33012

**Mailing Address:**

4311 Palm Ave. Suite # 3

Hialeah, Florida 33012

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

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

RAQUEL MENDEZ

Name

458 E. 19 ST.

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

Hialeah, FLORIDA 33013

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 605, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

" MGRM "

RAQUEL MENDEZ

458 E. 19 ST.

Hialeah, FL 33013

" MGRM "

ANNARELLA L. GARCIA

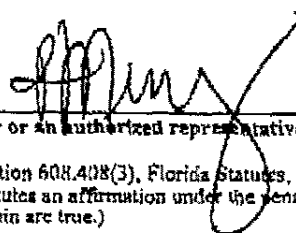
641 E. 41 ST.

Hialeah, FL 33013

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

RAQUEL MENDEZ

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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