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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 : ACCOUNTING & BEYOND
Account Number : I19990000223
Phone : (813) 998-9800
Fax Number : (813) 935-9982

LIMITED LIABILITY COMPANY

L & M REHABBERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

2005 APR -4 A 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L & M REHABBERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

5618 GATEWAY DRIVE
TAMPA, FL 33615

Mailing Address:

5618 GATEWAY DRIVE
TAMPA, FL 33615

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

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

LUIS ALMEIDA

Name

5618 GATEWAY DRIVE

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

TAMPA, FL 33615

FL

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

(CONTINUED)

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TAMPA, FLORIDA

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

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

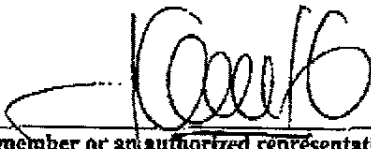
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRLUIS ALMEIDA5618 GATEWAY DRIVETAMPA, FL 33615MGRMMARIA FERNANDEZ5618 GATEWAY DRIVETAMPA, FL 33615MGRMIRENE LOPEZ5618 GATEWAY DRIVETAMPA, FL 33615

(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.)

LUIS ALMEIDA

Typed or printed name of signee

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**SECRETARY OF STATE
TALLAHASSEE, FL 32399

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