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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA THERAPY PROFESSIONALS, LLC

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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA THERAPY PROFESSIONALS, LLC**

ARTICLE I - NAME

The name of this limited liability company is: **FLORIDA THERAPY PROFESSIONALS, LLC** (the "Company").

ARTICLE II - ADDRESS

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

1091 Kelton Avenue
Ocoee, FL 34761

ARTICLE III - DURATION

The Company shall exist until dissolved in a manner provided by law, these Articles of Organization or the Operating Agreement adopted by the members.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The name and Florida street address of the initial registered agent and office for the Company is as follows:

William A. Boyles
301 E. Pine Street, Suite 1400
Orlando, Florida 32801

ARTICLE V - MANAGEMENT

The Company is to be managed by one Manager or a Board of Managers, and is, therefore, a manager-managed company.

ARTICLE VI - AMENDMENT AND CONFLICT

These Articles of Organization may be amended by the members in accordance with the terms of the Company's Operating Agreement. In the event of any conflict between these Articles of Organization and the Company's Operating Agreement, the provisions of the Company's Operating Agreement shall control.

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ARTICLE VII- AUTHORIZED REPRESENTATIVE

The Authorized Representative is:

William A. Boyles
301 E. Pine Street, Suite 1400
Orlando, Florida 32801

The Authorized Representative is acting solely in the capacity as organizer for the purpose of forming the limited liability company and shall have no liability whatsoever for acts done or purportedly done on behalf of the limited liability company.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 18th day of July, 2006.

Signed, sealed and delivered
in the presence of:

AUTHORIZED REPRESENTATIVE:

Barbara Buchanan
Carol Thomas

William A. Boyles
William A. Boyles

CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT

Having been named as registered agent in the Articles of Organization of **FLORIDA THERAPY PROFESSIONALS, LLC** and to accept service of process for **FLORIDA THERAPY PROFESSIONALS, LLC** at the address designated in the Articles of Organization, I hereby accept and agree to act in this capacity.

Dated: July 18, 2006.

William A. Boyles
William A. Boyles

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