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To:
Division of Corporations
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From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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GBM

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Body In Balance Physical Therapy, P.L.L.C.

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR**

FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Body In Balance Physical Therapy, P.L.L.C.**

ARTICLE II - Address

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

Principal Office Address:

2241 SW 25th Street

Miami, FL 33133

Mailing Address:

2241 SW 25th Street

Miami, FL 33133

ARTICLE III - The purpose for which this Professional Limited Liability Company is/are formed, are as follows: To practice the profession of a(n): **Physical Therapy**

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature

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

Theodosios Neamonitis

Name

2241 SW 25th Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Miami, FL 33133

(City / State / 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.



IDPT

Registered Agent's Signature - Theodosios Neamonitis

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ARTICLE V - 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:MGRMTheodosios Neamonitis - 2241 SW 25th Street, Miami, FL 33133MGRMOscar F. Alvarez - 2241 SW 25th Street, Miami, FL 33133

(Use attachment if necessary)

REQUIRED SIGNATURE:Signature of a member or 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.)

Theodosios Neamonitis

Typed or printed name of signee