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Division of Corporations

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: (850)205-0383

Account Name : CUMMINGS & LOCKWOOD

Account Number : 102336001100

Phone

: (239)649-3186

Fax Number : (239)263-0703

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THERAPIST REGISTRY LLC

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION

OF

THERAPIST REGISTRY LLC

ARTICLE I NAME

The name of this Limited Liability Company is THERAPIST REGISTRY LLC (the "Company").

ARTICLE II ADDRESS

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

1240 Coconut Drive Fort Myers, Florida 33901

ARTICLE III PURPOSE

The purpose for which this limited liability company is organized is for any and all lawful business as a manager-managed limited liability company.

ARTICLE IV REGISTERED OFFICE AND AGENT

The initial registered office and agent of this Company shall be CLASP, INC., 3001 Tamiami Trail N., 4th Floor, Naples, Florida 34108.

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, Florida Statutes.

William N. Horowitz, Vice President CALLARY 23 PH 1: 44
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ARTICLE V MANAGEMENT

The Company is to be managed by a Manager or Managers and the names and addresses of the initial elected Managers who shall serve as the Managers until the first annual meeting or until a successor or successors is/are chosen are:

Manda Nuijens 16520 South Tamiami Trail, Suite 18-316 Fort Myers, Florida 33908

Ursula Brantley 16520 South Tamiami Trail, Suite 18-316 Fort Myers, Florida 33908

Dated this 22nd day of May, 2007.

Marve Ann Alaimo

Authorized Representative

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