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Division of Corporations  
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From:

Account Name : GILLIGAN, KING & GOODING, P.A.  
Account Number : I20010000016  
Phone : (352) 867-7707  
Fax Number : (352) 867-0237

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Southeastern Therapies Consulting, LLC**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name

The name of the Limited Liability Company is: Southeastern Therapies Consulting, LLC

### ARTICLE II - Address

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

240 SE 2nd Avenue  
Crystal River, FL 34429

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

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

Name: Hurley E. Campbell, Jr.  
Florida street address: 240 SE 2nd Avenue  
City, State, and Zip: Crystal River, FL 34429

*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

### Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Hurley E. Campbell, Jr. a member  
Typed or printed name of signee

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