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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

universal rehab & wellness, llc

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name of Limited Liability Company:

UNIVERSAL REHAB & WELLNESS, LLC

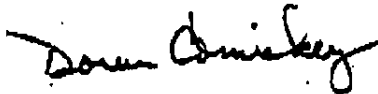
ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

**22102 SERENATA CIRCLE EAST
BOCA RATON, FL 33433**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

**DOREEN COMISKEY
22102 SERENATA CIRCLE EAST
BOCA RATON, FL 33433**

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

Date **JANUARY 31, 2008**

- 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. Specify name & address(es).

1. DOREEN COMISKEY, 22102 SERENATA CIRCLE EAST, BOCA RATON, FL 33433



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.

DOREEN COMISKEY

Typed or printed name of signee

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