

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000019782
FILED 8:00 AM
February 25, 2008
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
OPTIMAL THERAPY 4 U, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2109 W US HWY 90
SUITE 170
LAKE CITY, FL. 32055

The mailing address of the Limited Liability Company is:
2109 W US HWY 90
SUITE 170
LAKE CITY, FL. 32055

Article III

The purpose for which this Limited Liability Company is organized is:
OCCUPATIONAL THERAPY

Article IV

The name and Florida street address of the registered agent is:
CATHI N BROWN
2109 W US HWY 90
SUITE, 170
LAKE CITY, FL. 32055

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.

Registered Agent Signature: CATHI N BROWN

Article V

The name and address of managing members/managers are:

Title: MGR
CATHI N BROWN
2109 W US HWY 90, SUITE 170
LAKE CITY, FL. 32055

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Signature of member or an authorized representative of a member

Signature: CATHI N BROWN