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(Business Entity Name)

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JUN 27 2008

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2008 JUN 25 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JENNINGS TAYLOR WHEELER & HALEY, P.C.

SUITE 250
11711 N. PENNSYLVANIA STREET
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	Cameron G. Starnes

† *Civil Mediator*

June 17, 2008

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Hap Hudson Pro Rehabilitation Performance LLC

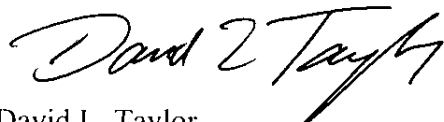
Dear Department of State Representative:

The enclosed Articles of Organization and Fees are submitted for filing. Please return all correspondence concerning this matter to the following:

David L. Taylor
Jennings Taylor Wheeler & Haley, P.C.
11711 N. Pennsylvania St., Suite 250
P.O. Box 1710
Carmel, IN 46082-1710

If you require further information concerning this matter, please call me. In addition I have also enclosed a check for One Hundred Sixty Dollars (\$160.00) for the filing fee, certificate of status and certified copy. I have also included an additional copy of the Articles of Organization as well. Thank you for your assistance in this matter.

Sincerely,



David L. Taylor

DLT/bsd:kdn

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hap Hudson Pro Rehabilitation Performance LLC

ARTICLE II - Address:

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

Principal Office Address:

640 Brooker Creek Blvd., #425
Oldsmar, FL 34677

Mailing Address:

640 Brooker Creek Blvd., #425
Oldsmar, FL 34677

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David Kelly Hudson

Name

1819 Winsloe Dr.

Florida street address (P.O. Box **NOT** acceptable)

Trinity, FL 34655

City, State, and 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV - 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:

MGRM

David Kelly Hudson

1819 Winsloe Dr.

Trinity, FL 34655

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David K. Hudson

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified copy (Optional)

\$5.00 Certificate of Status (Optional)

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