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(Re	questor's Name)	
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SECRETARY OF STATE
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T. CLINE
AUG 19 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bright Start Pediatric Therapy
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ellen Arenberg
(Name of Person)
Bright Start Rediatric Therapy, LLC (Firm/Company)
9331 NW 10th Street
(Address)
Plantation, FL 33322
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bright Start Pediatric Therapy, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9331 NW 10th Street	9331 NW 10th Street
Plantation, FL 33322	Plantation, FL 33322
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
Ellen Arenberg	
Name	<u> </u>
9331 NW 10th Street	,i
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Plantation, FL 33322	FI
City, State, ar	
Having been named as registered agent and to a	ccept service of process for the above stated limited

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)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGR	Ellen Arenberg
	9331 NW 10th Street
	Plantation, FL 33322
MGR	Livya Barreirinhas
	9598 Parkview Avenue
	Boca Raton, FL 33428
·	
(Use attachment if necessary)	ACC ACT
(Coo unachinem in necessary)	<u>بيك</u> دري
LE V: Effective date, if other than the fective date is listed, the date must left	e date of filing: (OPTIONAL) be specific and cannot be more than five business day

REQUIRED SIGNATURE:

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.)

Ellen Arenberg

Typed or printed name of signee

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)