

FEB-23-2009(MON) 13:54

GREENE AND SCHERMER

(FAX) 941 747 6937

P. 001/

Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Accident Recovery Center, LLC

Certificate of Status	1
Certified Copy	1
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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Accident Recovery Center, LLC

ARTICLE II - Address:

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

2215 - 59th Street West
Bradenton, FL 34209**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert F. Greene, Esq.
1301 Sixth Avenue West, Suite 400
Bradenton, Florida 34205

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 property 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.


SIGNATURERECEIVED
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(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.


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert F. Greene
Typed or printed name of signee

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