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## Florida Department of State

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Phone : (800)494-3124

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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Saxon Rehab Management LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621, F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

SAXON REHAB MANAGEMENT LLC

#### ARTICLE II ADDRESS

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

12404 COBBLESTONE DR HUDSON FL 34667

## ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

THOMAS V. SAXON 12404 COBBLESTONE DR HUDSON FL 34667

Having been named as registered agent 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.

THOMAS V. SAXON / Registered Agent's signature

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SAXON REHAB MANAGEMENT LLC

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
THOMAS V. SAXON
12404 COBBLESTONE DR
HUDSON FL 34667

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes he execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

THOMAS V. SAXON