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Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 : (800)494-3124

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Givens Rehabilitation, LLC

Certificate of Status	0
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**EXAMINER** 

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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:

GIVENS REHABILITATION, LLC

#### ARTICLE II ADDRESS

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

610 GLENFIELD CT APOPKA, FLORIDA 32712

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

The name and the Florida street address of the registered agent are:  $\ddot{\omega}$ 

DAMON GIVENS 610 GLENFIELD CT APOPKA, FLORIDA 32712

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 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.

DAMON GIVENS & Registered Agent's signature

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GIVENS REHABILITATION, 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 BELINDA GIVENS 610 GLENFIELD CT APOPKA, FLORIDA 32712

MANAGING MEMBER
DAMON GIVENS
610 GLENFIELD CT
APOPKA, FLORIDA 32712

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.

**BELINDA GIVENS**