

**L09000045394**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CSH SERVICES, LLC  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

2009 MAY -8 AM 10:21  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**IDEAL CHIROPRACTIC RE-HAB CENTER LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
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# 09000117376-3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**FILED**  
2009 MAY -8 AM 10:21  
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TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

IDEAL CHIROPRACTIC RE-HAB CENTER LLC

**ARTICLE II ADDRESS**

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

3600 S STATE ROAD 7, STE 251  
MIRAMAR, FLORIDA 33023**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

JUDE VALLES  
1141 SW 74TH TERRACE  
TAMARAC, FLORIDA 33023

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.

x   
JUDE VALLES / Registered Agent's signature

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**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

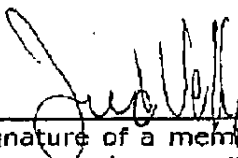
JUDE VALLES

3600 S STATE ROAD 7, STE 251

MIRAMAR, FLORIDA 33023

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TALLAHASSEE, FLORIDA

.....

X 

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.

JUDE VALLES

# 09000117376-3