

L090VVU79926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

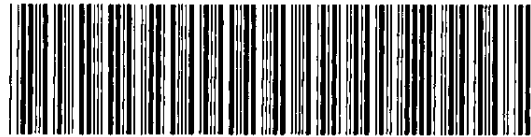
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 AUG 19 PM 12:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
AUG 19 2009
EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Brain Recovery
Center, LLC

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- ___ Art of Inc. File_____
- ___ LTD Partnership File_____
- ___ Foreign Corp. File_____
- ___ L.C. File_____
- ___ Fictitious Name File_____
- ___ Trade/Service Mark_____
- ___ Merger File_____
- ___ Art. of Amend. File_____
- ___ RA Resignation_____
- ___ Dissolution / Withdrawal_____
- ___ Annual Report / Reinstatement_____
- ___ Cert. Copy_____
- ___ Photo Copy_____
- ___ Certificate of Good Standing_____
- ___ Certificate of Status_____
- ___ Certificate of Fictitious Name_____
- ___ Corp Record Search_____
- ___ Officer Search_____
- ___ Fictitious Search_____
- ___ Fictitious Owner Search_____
- ___ Vehicle Search_____
- ___ Driving Record_____
- ___ UCC 1 or 3 File_____
- ___ UCC 11 Search_____
- ___ UCC 11 Retrieval_____

Signature

Requested by:

Seth 8/19 1:30-3:00

Name

Date

Time

Walk-In

Will Pick Up

Courier

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

ARTICLE I

The name of the Limited Liability Company is:

BRAIN RECOVERY CENTER, LLC

ARTICLE II

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

4001 N. Ocean Drive, Suite 305
Lauderdale by the Sea, FL 33308

The mailing address of the Limited Liability Company is:

4001 N. Ocean Drive, Suite 305
Lauderdale by the Sea, FL 33308

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

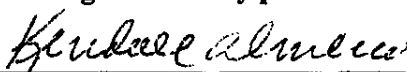
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

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

**Kendall A. Almerico
4350 W. Cypress Street – Suite 820
Tampa, FL 33607**

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.



**Kendall A. Almerico
Registered Agent**

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TALLAHASSEE, FLORIDA

ARTICLE V

The name and address of manager is:

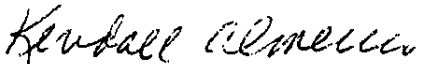
Title: Manager
Eileen de Oliveria
4001 N. Ocean Drive - #305
Lauderdale by the Sea, FL 33308

ARTICLE VI

The effective date for this Limited Liability Company shall be:

August 19, 2009

Signature of member or an authorized representative of a member:


Kendall A. Almerico
Authorized Representative of Member