Electronic Articles of Organization
For
Florida Limited Liability Company

L09000111091
FILED 8:00 AM
November 18, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:

FULL SPECTRUM REHAB. AND WELLNESS, LLC

Article II

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

8107 ST. ALBANS DR.
ORLANDO, FL. 32835

The mailing address of the Limited Liability Company is:

P.O. BOX 2153
WINDERMERE, FL. US 34786

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:

CLEVE A JOSEPHS
8107 ST. ALBANS DRIVE
ORLANDO, FL. 32835

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.

Registered Agent Signature: CLEVE A.A. JOSEPHS

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Article V

The name and address of managing members/managers are:

Title: MGRM
CLEVE JOSEPHS
8107 ST. ALBANS DRIVE
ORLANDO, FL. 32835

Article VI

The effective date for this Limited Liability Company shall be:

11/16/2009

Signature of member or an authorized representative of a member

Signature: CLEVE A.A. JOSEPHS