

# L10000015028

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000028987 3)))



H100000289873ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : J20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9985

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Grace Therapies, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**C. LEWIS**

**FEB 10 2010**

**EXAMINER**

RECEIVED

10 FEB -9 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H1000000289873

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

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

FILED  
2010 FEB -9 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I      NAME**

The name of the Limited Liability Company is:

GRACE THERAPIES, LLC

**ARTICLE II      ADDRESS**

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

7664 GERMANY CANAL RD.

FORT PIERCE, FLORIDA 34987

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

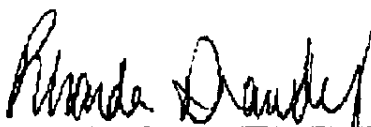
The name and the Florida street address of the registered agent are:

RHONDA DRAWDY

7664 GERMANY CANAL RD.

FORT PIERCE, FLORIDA 34987

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   
\_\_\_\_\_  
RHONDA DRAWDY / Registered Agent's signature

H100000289873

PAGE 2

GRACE THERAPIES, 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

RHONDA DRAWDY

7664 GERMANY CANAL RD.

FORT PIERCE, FLORIDA 34987

FILED  
2010 FEB -9 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

.....  
x Rhonda Drawdy

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.

RHONDA DRAWDY