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## Florida Department of State

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### FLORIDA LIMITED LIABILITY CO.

J.R.B's Mobile Therapy LLC

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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:

J.R.B'S MOBILE THERAPY LLC

ARTICLE II ADDRESS

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

6973 N GLADSTONE DR. DUNNELLON, FLORIDA 34434

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

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

JENNIFFER REED 6973 N GLADSTONE DR. DUNNELLON, FLORIDA 34434

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.

JENNIFFER REFER Registered Agent's signature

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J.R.B'S MOBILE THERAPY 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
JENNIFFER REED
6973 N GLADSTONE DR
DUNNELLON, FLORIDA 34434

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SECRETARY OF STATE
AND AHASSEE, FLORE

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.

JENNIFFER REED