

L10000049373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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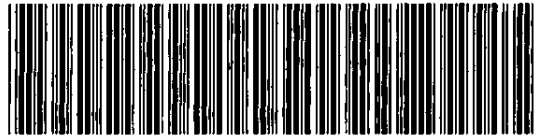
(Business Entity Name)

(Document Number)

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2010 MAY -6 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 7 2010

EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBM Rehabs. LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John DiPietro
(Name of Person)

JBM Rehabs. LLC
(Firm/Company)

1043 Big Pine Key
(Address)

Atlantic Beach FL 32233
(City/State and Zip Code)

For further information concerning this matter, please call:

John DiPietro at (904-) 710-7431
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2010 MAY -6 PM 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JBM Rehabs, LLC

ARTICLE II - Address:

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

Principal Office Address:

1043 Big Pine Key

Atlantic Beach Fl 32233

Mailing Address:

PO Box 330682

Atlantic Beach Fl 32233-0682

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

John DiPietro

Name

1043 Big Pine Key


Florida street address (P.O. Box **NOT** acceptable)

Atlantic Beach

FLORIDA 32233

City, State, and Zip

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 as provided for in Chapter 608, Florida Statutes..


Registered Agent's Signature

FILED

2010 MAY -6 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John DiPietro

1043 Big Pine Key

Atlantic Beach FL 32233

MGR

Edwin Bert Miller

411 Walnut St #874

Green Cove Springs FL 32043

MGRM

Equity Trust fbo Cheri Prideaux

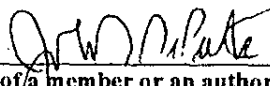
10th St

Atlantic Beach FL 32233

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

John DiPietro

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)