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SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
ISAAC NEWMAN THERAPY SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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T. HAMPTON

MAY 26 2010

EXAMINER

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ARTICLES OF ORGANIZATION
OF
ISAAC NEWMAN THERAPY SERVICES, LLC

The undersigned subscribers to these Articles of Organization, natural persons, competent to contract, hereby executed these Articles for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is ISAAC NEWMAN THERAPY SERVICES, LLC.

ARTICLE II

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 1312 NE Clover Avenue, Madison, Florida 32340.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is ISAAC NEWMAN, 1312 NE Clover Avenue, Madison, Florida 32340.

ARTICLE V.

The only member of this limited liability company is ISAAC NEWMAN. The members of this limited liability company may admit additional members to this limited liability company by unanimous vote of the members of this limited liability company.

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ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the manager is ISAAC NEWMAN, who shall have the right and authority to manage this limited liability company.

ARTICLE VIII.

The organizing member of this limited liability company is ISAAC NEWMAN.

IN WITNESS WHEREOF, the said organizing member has hereunto set his hand and seal this 25th day of May A. D. 2010.

ISAAC NEWMAN THERAPY SERVICES, LLC

BY: 

ISAAC NEWMAN

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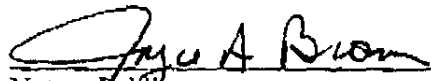
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STATE OF FLORIDA

COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared ISAAC NEWMAN, for ISAAC NEWMAN THERAPY SERVICES, LLC, before me known to be the person described as the organizer in, and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand official seal in the County and State named above this 25th day of May A. D. 2010.


Notary Public

My Commission Expires:



JOYCE A. BROWN
Notary Public, State of Florida
My Comm. Expires Feb. 8, 2014
Commission No. DD 942629

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OR PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 608.415, Florida Statutes, the following is submitted:

ISAAC NEWMAN THERAPY SERVICES LLC, to organize or qualify under the laws of Florida, with its principal place of business at 1312 NE Clover Avenue, Madison, Florida 32340, names ISAAC NEWMAN, whose address is 1312 NE Clover Avenue, Madison, Florida 32340, and whose street address is 1312 NE Clover Avenue, Madison, Florida 32340, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

ISAAC NEWMAN THERAPY SERVICES, LLC

By: 
ISAAC NEWMAN, Manager and
Organizing Member

Dated: May 25, 2010

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.


ISAAC NEWMAN
Registered Agent

Dated: May 25, 2010

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