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FLORIDA LIMITED LIABILITY CO.
RLM Therapy, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

RLM Therapy, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC." or "L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
13204 NW 12th St	13204 NW 12th St
Pembroke Pines, FL 33028	Pembroke Pines, FL 33028

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Abigail Ramdhansingh
Name

13204 NW 12th St
Florida street address (P.O. Box NOT acceptable)

Pembroke Pines FL 33028
City, State, and Zip

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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 [illegible] or with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Abigail Ramdhansingh MS OTR/L
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H10000225313

H10000225313

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:**
MGRM	Abigail Ramdhansingh 13204 NW 12th St Pembroke Pines, FL 33028

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Abigail Ramdhansingh
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 penalties of perjury that the facts stated herein are true.)

Abigail Ramdhansingh Managing Member
Typed or printed name of signee

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Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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