Electronic Articles of Organization
For
Florida Limited Liability Company

L10000113719
FILED 8:00 AM
November 01, 2010
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

MOBILE THERAPY ENTERPRISES LLC

Article II

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

505 W 47TH ST
MIAMI BEACH, FL. US 33140

The mailing address of the Limited Liability Company is:

PO BOX 2277
MIAMI BEACH, FL. US 33140

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MARK E POMPER
505 W 47TH ST
MIAMI BEACH, FL. 33140

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.

Registered Agent Signature: MARK POMPER

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Article V

The name and address of managing members/managers are:

Title: MGRM
MARK E POMPER
505 W 47TH ST
MIAMI BEACH, FL. 33140 US

Title: MGRM
SUZAN POMPER
505 W 47TH ST
MIAMI BEACH, FL. 33140 US

Article VI

The effective date for this Limited Liability Company shall be:

11/01/2010

Signature of member or an authorized representative of a member

Signature: MARK POMPER