

**411000040197**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From: **Carrie L. Ramos, Paralegal - please fax confirmation to (407) 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**FLORIDA LIMITED LIABILITY CO.**

**Assurance Therapy Staffing, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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APR 05 2011  
**EXAMINER**

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

ASSURANCE THERAPY STAFFING, LLC

**ARTICLE II**  
**Address**

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

1890 State Road 436, Suite 300  
Winter Park, FL 32789

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have three (3) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Terry W. Bangs	1890 State Road 436, Suite 300 Winter Park, FL 32789
Kenneth H. Schultz	1890 State Road 436, Suite 300 Winter Park, FL 32789

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Gregory Schultz

1890 State Road 436, Suite 300  
Winter Park, FL 32789

Heidi Goff

1890 State Road 436, Suite 300  
Winter Park, FL 32789**ARTICLE V****Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm  
c/o GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

*Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree 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.*

**REGISTERED AGENT'S SIGNATURE**

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**AUTHORIZED REPRESENTATIVE'S SIGNATURE****MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE**

Type or printed name of signee

**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)

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