

#L11000057951

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Division of Corporations

P.01

Florida Department of State
Division of Corporations
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H110001327093ABCV

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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TALLAHASSEE, FLORIDA

****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.
DocuRehab LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

K. SALLY
EXAMINER
MAY 17 2011

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tuesday, April 26, 2011

DocuRehab, Inc.
11211 Prosperity Farms Rd., B#204
Palm Beach Gardens, FL 33410

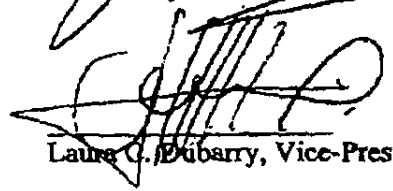
RE: Letter of Consent

To Whom It May Concern:

I am hoping to incorporate in Florida under the name DocuRehab LLC. I have found that my existing company would conflict with the formation of DocuRehab LLC. I am writing you in regards to this issue. We are the owners of DocuRehab, Inc. and do not object to the formation and or use of the name DocuRehab LLC. Please contact us with any questions or concerns that you may have.

Sincerely,


Etienne Dubarry, President


Laura C. Dubarry, Vice-President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
DocuRehab LLC**

ARTICLE I NAME

The name of the limited liability company shall be: DocuRehab LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 120 W. Wieuca Road, Atlanta, Georgia 30342.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

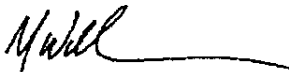
The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is: Jeffrey Stewart, 120 W. Wieuca Road, Atlanta, Georgia 30342



Date: May 16, 2011

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

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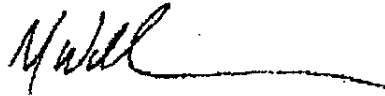
**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

The name of the limited liability company is: DocuRehab LLC

**The name and address of the registered agent and office is Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.**

**Having been named as registered agent and to accept service of process for the above stated
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.**



**Signature: _____
Mark Williams, A.V.P. Business Filings Incorporated**

Date: May 16, 2011

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