

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000140986 3)))



H110001409B63ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number: 120070000160

Phone : (800)494-3124 Fax Number : (561)455-9885

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

•	-	_	
 * 4 4			

Y 27 M D 25 HASSEE 49819

•	00	TATE ORID/
1	ġ	S L
1	I	
	MAY 27	GRETARY LAHASSE

FLORIDA LIMITED LIABILITY CO. ACCIDENT & INJURY WELLNESS CENTER, LLC

Certificate of Status	O
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

D. BRUCE

MAY 31 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H11000140986 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ACCIDENT & INJURY WELLNESS CENTER, LLC

ARTICLE II ADDRESS

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

2612 NW 39TH STREET BOCA RATON, FLORIDA 33434

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

GRACE GUARINO 8237 VIA DIVENITO BOCA RATON, FLORIDA 33496

Having been named as registered agent 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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

GRACE GUARINO / Registered Agent's signature

H11000140986 3

PAGE 2 ACCIDENT & INJURY WELLNESS CENTER, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
RICHARD JOEL ROSEN
2612 NW 39TH STREET
BOCA RATON, FLORIDA 33434



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 the penalties of perjury that the facts stated herein are true.

RICHARD JOEL ROSEN