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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

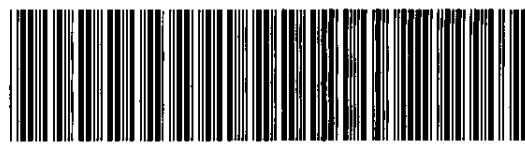
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



900211670459

09/09/11--01007--025 **155.00

EFFECTIVE DATE

9/30/11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11 SEP -9 PH 12:50

Office Use Only

N. Cullinan SEP 12 2011



IT'S TAX TIME

JJ TAX ACCOUNTING LLC

15 AUGUST 2011

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

**RE: ARTICLES OF HEALTH WORX (PHYSICAL
THERAPY AND REHABILITATION.)**

Gentlemen:

In behalf of my client, HEALTH WORX (Physical Therapy and Rehabilitation), I am pleased to submit its articles of incorporation in accordance with the Florida Statutes.

Enclosed please find the covering payment for filing fee and certified copy of the Articles under check no. 1450 in the amount of \$155.00, with additional copy of the Articles.

If you have any question, kindly advise the undersigned Accountant for HEALTH WORX (Physical Therapy and Rehabilitation) telephone/Fax no. (813) 907-0239 and mobile phone no. (813) 727-2143

Thank you for your usual prompt action.

JJ TAX ACCOUNTING, LLC


EMIDIO J. GERMINO
Accountant for HEALTH WORX.

Enclosures: 1. Check No. 1450 (155.00)
2. Copy of the Articles.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **HEALTH WORX (Physical Therapy and Rehabilitation)**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMIDIO J. GERMINO

Name of Person

JJ TAX ACCOUNTING LLC

Firm/Company

18134 SANDY POINTE DRIVE

Address

TAMPA, FL 33647

City/State and Zip Code

emenggermino@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILFREDO R SORIANO

Name of Person

at **813**) **409-7119**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTH WORX (Physical Therapy and Rehabilitation), LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1045 WEST BUSCH BLVD
TAMPA, FL 33612

Mailing Address:

1045 WEST BUSH BLVD
TAMPA, FL 33612

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:

WILFREDO R. SORIANO

Name

1701 EAST NAVAJO AVENUE

Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33612

City, State, and Zip

11 SEP -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 as provided for in Chapter 608, F.S..

Wilfredo R. Soriano

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

WILFREDO R SORIANO

1701 EAST NAVAJO AVENUE

TAMPA, FL 33612

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 30 SEPTEMBER 2011. (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:

Wilfredo R. Soriano

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

WILFREDO R SORIANO

Typed or printed name of signee

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)

11 SEP - 9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED