

01/29/2031

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
CMC PEDIATRIC SPEECH & LANGUAGE THERAPY LLC**

Certificate of Status	1
Certified Copy	0
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March 20, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: CMC PEDIATRIC SPEECH & LANGUAGE THERAPY LLC
REF: W13000016279

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Limited liability companies are either member-managed or manager-managed not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cl...
Regulatory Specialist II

FAX Aud. #: H13000062894
Letter Number: 313A00006520

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H13000062894

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMC PEDIATRIC SPEECH & LANGUAGE THERAPY LLC

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

CARMEN M CORTES

13601 SW 80TH COURT
PALMETTO BAY, FL 33158

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

CARMEN M CORTES

Name

13601 SW 80TH COURT

address

PALMETTO BAY, FL 33158

City, State and zip

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.

2013 MAR 29 10 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

"MGRM" = Managing Member _____ CARMEN M CORTES

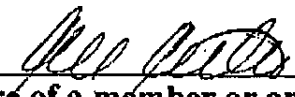
13601 SW 80TH COURT
PALMETTO BAY, FL 33158

ARTICLE V:

Effective date, if other than the date of filing: **MARCH 20, 2013**

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



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.)



Typed or printed name of signee

H13000062894