

Florida Department of State

Division of Corporations

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Division of Corporations
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TALLAHASSEE, FLORIDA

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PROCARE PHYSICAL THERAPY STAFFING AGENCY LLC**

Certificate of Status	1
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C. LEWIS
APR 10 2013
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROCARE Physical Therapy staffing Agency LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:16167 SW 101 TERRACE
Miami Florida, 3319616167 SW 101 TERRACE
Miami, FL 33196

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:

Marcela Munera
Name16167 SW 101 TERRACE
Florida street address (P.O. Box NOT acceptable)Miami, FL FL 33196
City, State, and ZipFILED
13 APR 10 AM 8:01
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TALLAHASSEE, FLORIDA

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.


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: 13 APR 10 AM 8:01

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Marcela Munera

16167 SW 101 TERRACE

MIAMI, FL 33196

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

 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.)

Marcela Munera

Typed or printed name of signer

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