

L14000097857

Division of Corporations

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Florida Department of State  
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## To:

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

## From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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

Email Address: llyall@advancedrecovery systems.com

**FLORIDA LIMITED LIABILITY CO.  
THERAPY EMPLOYEE ASSOCIATED MANAGEMENT, LLC**

Certificate of Status	0
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Page Count	04
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**ARTICLES OF ORGANIZATION  
OF  
THERAPY EMPLOYEE ASSOCIATED MANAGEMENT, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Therapy Employee Associated Management, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 100 S.E. Third Street, Suite 1101, Fort Lauderdale, Florida 33394.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 E. Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33301.

**ARTICLE V - Management:**

The Limited Liability Company is to be manager-managed and the name and address of two (2) of the managers are:

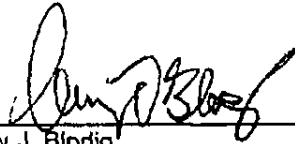
Mitchell Eisenberg  
100 S.E. Third Street, Suite 1101  
Fort Lauderdale, Florida 33394

Lewis D. Gold  
100 S.E. Third Street, Suite 1101  
Fort Lauderdale, Florida 33394

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The managers of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned member has executed these Articles the 18<sup>th</sup> day of June, 2014.

A handwritten signature in black ink, appearing to read "Gregory J. Blodig", written over a horizontal line.

Gregory J. Blodig  
Authorized Representative of Member

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

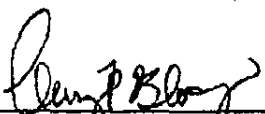
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

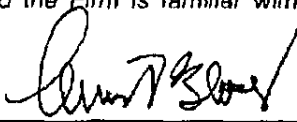
Therapy Employee Associated Management, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")  
200 E. Broward Blvd., Suite 1800  
Fort Lauderdale, Florida 33301

By:   
Gregory J. Blodig, For the Firm

*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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.*

  
\_\_\_\_\_  
Gregory J. Blodig, For the Firm

(Signature)

June 18, 2014

(Date)