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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
CHIROSOF & REHABILITATION CENTER, LLC**

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 14 A 9:17

FILED

B. BOSTICK

OCT 15 2014

EXAMINED

10/14/14 4:33 PM

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHIROSOFT & REHABILITATION CENTER, LLC

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

ARTICLE II - Address:

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

PHYSICAL ADDRESS

720 E. Main Street, Suite A
Haines City, FL 33844

MAILING ADDRESS

720 E. Main Street, Suite A
Haines City, FL 33844

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:

**DIETER GLUCK
950 E. LOWELL STREET
LAKELAND, FL 33805**

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 605, F.S..

X 
DIETER GLUCK/ Registered Agent's Signature

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

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

"MGR" = Manager

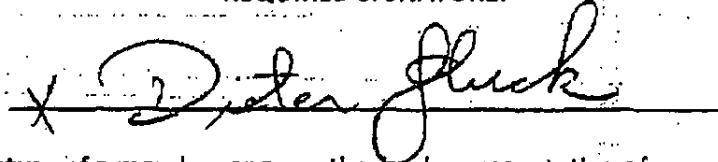
"MGRM" = Managing Member

**DIETER GLUCK - MGRM
950 E. LOWELL STREET
LAKELAND, FL 33805**

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

(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 605.0203(1)(b), 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.)

DIETER GLUCK

Typed or printed name of signee

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TALLAHASSEE, FLORIDA