

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000020896
FILED 8:00 AM
February 03, 2015
Sec. Of State
kasaly

Article I

The name of the Limited Liability Company is:
WING MOBILITY PHYSICAL THERAPY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
319 FRANKLIN CLUB DRIVE, UNIT 7310
DELRAY BEACH, FL. 33483

The mailing address of the Limited Liability Company is:
319 FRANKLIN CLUB DRIVE, UNIT 7310
DELRAY BEACH, FL. 33483

Article III

Other provisions, if any:
PHYSICAL THERAPY CONSULTATION

Article IV

The name and Florida street address of the registered agent is:
AMANDA F WING
319 FRANKLIN CLUB DRIVE, UNIT 7310
DELRAY BEACH, FL. FL

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.

Registered Agent Signature: AMANDA F WING

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
AMANDA F WING
319 FRANLIN CLUB DRIVE, UNIT 7310
DELRAY BEACH, FL. 33483

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Article VI

The effective date for this Limited Liability Company shall be:

02/03/2015

Signature of member or an authorized representative

Electronic Signature: AMANDA F. WING

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.