

**L500016561**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H15000233917 3)))**



H150002339173ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
BAY AREA RESTORATIVE THERAPY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

15 SEP 29 PM 4:22

15 SEP 29 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

H15000233917 3

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I      NAME

The name of the Limited Liability Company is:

BAY AREA RESTORATIVE THERAPY SERVICES, LLC

### ARTICLE II      ADDRESS

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

9405 BELLHAVEN STREET

TEMPLE TERRACE, FLORIDA 33637

The mailing address of the Limited Liability Company is:

PO BOX 292761

TAMPA, FLORIDA 33687

### ARTICLE III      REGISTERED AGENT

The name and the Florida street address of the registered agent are:

ROSE BEAUGE

9405 BELLHAVEN STREET

TEMPLE TERRACE, FLORIDA 33637

FILED  
15 SEP 29 PM 2:17  
SECRETARY OF STATE  
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 605, F.S.*

x Rose Beauge

ROSE BEAUGE / Registered Agent's signature

H15000233917 3

H15000233917 3

PAGE 2 BAY AREA RESTORATIVE THERAPY SERVICES, LLC

**ARTICLE IV**

The name and address of each person authorized to manage and control the Limited Liability Company:

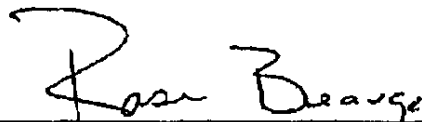
AUTHORIZED MEMBER

ROSE BEAUGE

PO BOX 292761

TAMPA, FLORIDA 33687

.....

x 

ROSE BEAUGE / Authorized Representative's signature

*(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.)*

H15000233917 3