

From: Amy Shiwnarain

Fax: (407) 298-3900

Fax: (850) 617-6381

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6381

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**\*\*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.  
AIME REHABILITATION CENTER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

15 NOV 18 PM 5:34

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**AIME 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:

**318 LIME AVE.  
ORLANDO, FL 32805**

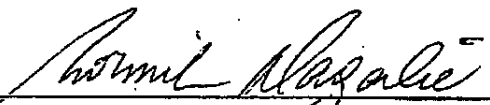
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**MAGALIE NORMIL  
318 LIME AVE.  
ORLANDO, FL 32805**

*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..*

  
MAGALIE NORMIL/ Registered Agent's Signature

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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:

"MGR" = Manager

"MGRM" = Managing Member

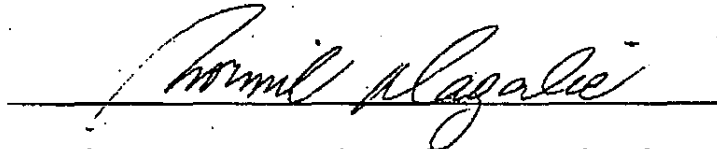
**MAGALIE NORMIL MGRM**  
**318 LIME AVE.**  
**ORLANDO, FL 32805**

**HERMANE AIME - MGR**  
**318 LIME AVE.**  
**ORLANDO, FL 32805**

**ARTICLE V: Effective date, if other than the date of filing: 11/18/2015**

(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. )

**MAGALIE NORMIL**

Typed or printed name of signee

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