

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

L16000048731
FILED 8:00 AM
March 09, 2016
Sec. Of State
tchang

Article I

The name of the Limited Liability Company is:
RIVER CITY PHYSICAL THERAPY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
651 DORLEANS COURT
JACKSONVILLE, FL. US 32211

The mailing address of the Limited Liability Company is:
651 DORLEANS COURT
JACKSONVILLE, FL. US 32211

Article III

Other provisions, if any:
ANY LAWFUL PURPOSE

Article IV

The name and Florida street address of the registered agent is:
NICHOLAS SCOTTO
651 DORLEANS CT
JACKSONVILLE, FL. 32211

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: NICHOLAS SCOTTO

Article V

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

Title: AR
NICHOLAS SCOTTO
651 DORLEANS CT
JACKSONVILLE, FL. 32211 US

Title: AR
LAUREN SCOTTO
651 DORLEANS CT
JACKSONVILLE, FL. 32211 US

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Article VI

The effective date for this Limited Liability Company shall be:

03/08/2016

Signature of member or an authorized representative

Electronic Signature: NICHOLAS SCOTTO

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.