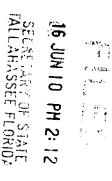
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$SUNSHINE \ {\tt corporate \ filing \ of \ florida \ inc.}$

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: $6-10-16$
ENTITY NAME:
WILLIAMS PEDIATRY PHYSICAL THERAPY LLC
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy
Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
APOSTILLE'/NOTARIAL CERTIFICATION: COUNTRY OF DESTINATION NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 3582 CHECK NUMBER: 3582 PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff, President

16 JUN 10 PM 2: 12

ARTICLES OF ORGANIZATION FOR A SECRETARY OF STATE FLORIDA LIMITED LIABILITY COMPANYALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:
WILLIAMS PEDIATRIC PHYSICAL THERAPY LLC

ARTICLE II ADDRESS

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

3865 HIDDEN HILLS DRIVE TITUSVILLE, FLORIDA 32796

<u>ARTICLE III REGISTERED AGENT</u>

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

RACHEL WILLIAMS 3865 HIDDEN HILLS DRIVE TITUSVILLE, FLORIDA 32796

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.

RACHEL WILLIAMS / Registered Agent's signature

PAGE 2 WILLIAMS PEDIATRIC PHYSICAL THERAPY LLC

ARTICLE IV

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

AUTHORIZED MEMBER
RACHEL WILLIAMS
3865 HIDDEN HILLS DRIVE
TITUSVILLE, FLORIDA 32796

SECRE LARY OF STATE
TALL AHASSEE FLORID

RACHEL WILLIAMS / 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.)