

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.

(((H17000113383 3)))



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

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP

Account Number: 120100000009

Phone

: (305)599-0839

Fax Number

: (305)592-9591

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

	-	
	1	Address:
CILL OF T	_	~~~~

FLORIDA LIMITED LIABILITY CO. Step by Step Rehab Group, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 26 2017

K. Brumbley

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:	
	Rehab Group, LLC	
(Must end with the words "Limited Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of thể Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
10300 SW 107th Street	10300 SW 107th Street	
Miami, FL 33176	Miami, FL 33176	4
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		ridual or another
The name and the Florida street address of the registered agent are: Alberto Alvarez		APR 25 CRETARY CAHASSE
Name		
10300 SW 107th Street		
Florida Street address	(P.O. Box NOT acceptable)	STAI
Miami, FL 33176 City, State, and Zip		<u> </u>
Having been named as registered agent and to acc	•	ated limited

Registered Agent's Signature (REQUIRED)

7;

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this chipacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performable 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.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or I The name and address of each M	Managing Member(s): lanager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Alberto Alvarez 10300 SW 107th Street Miami, FL 33176
<u> </u>	
(Use attachment if necessar	у)
ARTICLE V: Effective date, if	(OPTIONAL)
(The effective date: 1) cannot be proby the Florida Department of Statestached Certificate of Conversion,	for to nor more than 90 days after the date this document is filed te; AND 2) must be the same as the effective date listed in the if an effective date listed therein.)
REQUIRED SIGNATURE	forest
Signature of a mem	ber or an authorized representative of a member.
under the penaltics of perjury that the fact	lorida Statutes, the execution of this document constitutes an affirmation a stated herein are true. I am aware that any false information submitted in a titutes a third degree felony as provided for in s.817.155, P.S.)
	Alberto Alvarez
-	Typed or printed name of signee

Page 2 of 2

7