

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

L17000121756  
FILED 8:00 AM  
June 05, 2017  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
MANUAL THERAPY SOUTH FLORIDA L.L.C

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6859 SW 18TH STREET  
SUITE 200  
BOCA RATON, FL. 33433

The mailing address of the Limited Liability Company is:  
926 NORTH O STREET  
LAKE WORTH, FL. US 33460

**Article III**

The name and Florida street address of the registered agent is:  
DEBRA SHAPIRO  
6859 SW 18TH STREET  
SUITE 200  
BOCA RATON, FL. 33433

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: DEBRA SHAPIRO

### **Article IV**

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

Title: AP  
DEBRA SHAPIRO  
926 NORTH O STREET  
LAKE WORTH, FL. 33460 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

06/02/2017

Signature of member or an authorized representative

Electronic Signature: DEBRA SHAPIRO

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.