

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

L18000127763
FILED 8:00 AM
May 22, 2018
Sec. Of State
kbrumbley

Article I

The name of the Limited Liability Company is:

THERAPY FIT LAB LLC

Article II

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

285 NE 117 STREET
MIAMI, . 33161

The mailing address of the Limited Liability Company is:

285 NE 117 STREET
MIAMI, FL. 33161

Article III

Other provisions, if any:

THERAPY FIT LAB IS A PROGRAM CREATED TO ENCOURAGE ADULTS
WITH PARKINSONÆ™S DISEASE OR ANY OTHER NEUROLOGICAL
CONDITION TO SLOW DOWN THE PROGRESSION OR SYMPTOMS OF THE
DISEASE THROUGH EVIDENCE BASED EXERCISE

Article IV

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

WALLYNE CHERY OTR/L
285 NE 117 STREET
MIAMI, FL. 33161

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: WALLYNE CHERY

Article V

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

Title: MGR
WALLYNE CHERY OTR/L
285 NE 117STREET
MIAMI, FL. 33161

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Signature of member or an authorized representative

Electronic Signature: WALLYNE CHERY

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.