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## COVER LETTER

	ew Filing Section vision of Corporations			
SUBJECT		bilitation Consultants,	, LLC	
SOBJECT		ame of Limited Liabi	lity Company	
The enclose	ed Articles of Organization ar	nd fee(s) are submitted	I for filing.	
Please retur	n all correspondence concerr	ning this matter to the	following:	
		Connie A. Steele		
		Name of	f Person	
	Prof	essional Rehabilitatio	n Consultants, LLC	
		Firm/Co	ompany	
		3031 Hawks La	nding Drive	
		Addı	ress	
		Tallahassee, l	FL 32309	
		City/State ar conniersteele@gr	•	
_	E-mail address:		annual report notificat	ion)
or further ir	formation concerning this ma	atter, please call:		
	Connie A Steele	850	509-3063	
•	Name of Person	at ( Area Code	Daytime Telephon	ne Number
Enclosed is	a check for the following am	ount:		
\$125.00 Fi	ling Fee \$130.00 Filin Certificate of	Status Certif	00 Filing Fee & [ied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy intenclose
	Mailing Address		Street Address	<b>東</b> 亞

New Filing Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

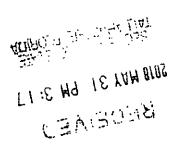
ARTICLE I - Name: The name of the Limited Liability	Company is:					
	bilitation Consultants, LI in the words "Limited Lia		v, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	dress of the principal offi	ce of the Limite	d Liability Company is:			
<u>Principa</u>	l Office Address:		Mailing Address:			
3031 Hawks Landing Tallahassee, FL 3230		<u>sar</u>	ne			
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own R	egistered Agent	ent's Signature: . You must designate an individual or			
The name and the Florida street a	ddress of the registered a	gent are:				
Steven Steele						
	?	Name				
	3031 Hawks	·				
	Florida street address (	P.O. Box <u>NOT</u>	acceptable)			
	Tallahassee,	FL	32309			
	City	State	Zip			

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Stevis June Sisrature





## ARTICLE IV-

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

Title: "AMBR" = Authoriz	Name and Address: ed Member	
"MGR" = Manager MGR	Connie A. Steele 3031 Hawks Landing Dr Tallahassee, FL 32309	
(Use attachment if no	cessary)	
If an effective date is listed, t he date of filing.) <u>Note:</u> If the date inserted in t	f other than the date of filing: May 30, 2018 (OPTIONAL) he date must be specific and cannot be more than five business days prior to or 90 days his block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records.	
RTICLE VI: Other provision	s, if any.	
		<u>-</u> -
REOUIRED SIGNA	ATURE:	
	Dunia A. Steele	
1 am	Signature of a member or an authorized representative of a member. document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, aware that any false information submitted in a document to the Department of State itutes a third degree felony as provided for in s.817.155, F.S.	
	Connie A. Steele	
	Typed or printed name of signee	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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