

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

**L18000142124  
FILED 8:00 AM  
June 08, 2018  
Sec. Of State  
tcline**

**Article I**

The name of the Limited Liability Company is:  
RESTORATIVE CARE SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5833 SOUTH GOLDENROD ROAD  
SUITE 5-F  
ORLANDO, FL. US 32822

The mailing address of the Limited Liability Company is:  
5833 SOUTH GOLDENROD ROAD  
SUITE 5-F  
ORLANDO, FL. US 32822

**Article III**

The name and Florida street address of the registered agent is:  
MITCHELL L RACHMAN  
2650 DANIELLE DR.  
OVIEDO, FL. 32765

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: MITCHELL RACHMAN

## **Article IV**

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

Title: MGR  
MITCHELL L RACHMAN  
11209 TAEDA DRIVE  
ORLANDO, FL. 32832 US

Title: MGR  
CHRISTOPHER J SISCO  
11209 TAEDA DRIVE  
ORLANDO, FL. 32832 US

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Signature of member or an authorized representative

Electronic Signature: MITCHELL RACHMAN

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.