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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

FLORIDA LIMITED LIABILITY CO. INTEGRATED REHAB CONSULTANTS FLORIDA, PLL

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COVERIETTER

TO:	New Pfling Section Division of Corporations
SUBJE	Integrated Rehab Consultants Florida, PLLC
	Name of Limited Linkflity Company.
The ex	closed Articles of Organization and fee(a) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Capitol Services - Corporate Filings Team
	Final Company
	515 East Park Avenue 2nd FI
	Address
	Tallahassee, FL 32301
	City/State and Zip Code
	matt.ray@irehabconsultants.com E-mail address: (to be used for future amount report noralization)
For furi	ner information concerning this matter, please call:
	at (855) 498 - 5500
	Name of Person Axea Cede Daytime Telephone Number
Enclos	ed is a sheck for the following amount;
\$125.0	O Filing Fee Cortificate of Status Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing Address Now Piling Section Division of Corporations P.O. Box 6327 Tallahastee, PL 32314 Street Address New Piling Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahastee, FL 32301

ARTICLES CHEORICANIZATION FOR FLORIDA LIMITED L'IABILITY COMPANY

In	ntegrated Rehab	Consultants I	Florida, PLLC
(Must conta	de the words "Limited L	lability Company,	"LLC," or "LLC.")
TICLE II - Address:			
e mailfing address and street ad	ldress of the prescipal of	fice of the Limited	Liability Company is:
Princine	d Office Address:		Malling Address:
401 N Michigan	Ave, Suite 1200		
	ent; Registered Office, d	Registered Agent.	nd's Signature: You must designate an individual or
MICLE III - Registered Age	ent; Hegistered Office, é camot serve as its own crive Florida-registration	Registered Agent. n.)	
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Moving 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 fürther agree to vomply with the provisions of all statistics relating to the proper and complete performance of my diales, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

April Miller, Asst.Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2018 DEC -3 AMII: 47

Title	Authorized Member	Name and Address:	
MGR = 1			
AMBR		Amit Patel	7
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		1110 Abbays Way, Tampa, FL 33602	_
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